

CLIENTS' PERCEIVED TRUST, TRUSTWORTHINESS, AND EXPECTATIONS
IN THE THERAPEUTIC RELATIONSHIP: FACTORS IN SATISFACTION
WITH COUNSELING RECEIVED

BY

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To JOHNNY,
the wind beneath my wings

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iii
LIST OF TABLES	viii
ABSTRACT	x
CHAPTERS	
1 INTRODUCTION	1
Statement of the Problem	1
Social Influence Theory	1
The Therapeutic Relationship	4
Purpose of the Study	7
Clients' Expectations About Counseling	8
Trust/Trustworthiness	9
Clients' Satisfaction with Counseling	10
Significance of the Study	10
2 LITERATURE REVIEW	13
Expectations About Counseling	13
Trust in Counseling	22
Premature Termination	33
Satisfaction with Counseling	40
3 METHODOLOGY	46
Subjects	46
Instruments	47
Procedure	51
Hypotheses	56
4 RESULTS	59
Preliminary Analyses	61
The Repeated Measures Analysis of Variance with Counselor Trustworthiness as the Dependent Variable	63
The Repeated Measures Analysis of Variance with Counseling Evaluation as the Dependent Variable	65
Tests of the Hypotheses	66

5 DISCUSSION.....	109
Summary of the Results.....	109
Discussion of the Results.....	117
Limitations of the Study.....	129
Suggestions for Future Research.....	131
Conclusion.....	135
Implications.....	137
APPENDICES	
A EXPECTATIONS ABOUT COUNSELING (BRIEF FORM).....	139
B LIKERT TRUST SCALE.....	140
C COUNSELING EVALUATION INVENTORY.....	141
D CLIENT SATISFACTION QUESTIONNAIRE.....	145
E COUNSELOR SUMMARY SHEET.....	147
F CLIENT SUMMARY SHEET.....	148
G COVER LETTER (FIRST ADMINISTRATION).....	150
H INFORMED CONSENT FORM.....	151
I MEMORANDUM TO/FROM COUNSELORS.....	154
J COVER LETTER (SECOND ADMINISTRATION).....	155
K REMINDER LETTER.....	156
L COVER LETTER (THIRD ADMINISTRATION).....	157
REFERENCES.....	159
BIOGRAPHICAL SKETCH.....	169

LIST OF TABLES

<u>Table</u>	<u>Page</u>
4-1 Simple Statistics for the Expectation Factors.....	70
4-2 Simple Statistics for the Trust Variables.....	72
4-3 Pearson Correlation Coefficients Among the Expectation Factors and the Counseling/Counselor Satisfaction Measures	74
4-4 Multiple Regression for Counseling Evaluation at Time2 with the Expectation Factors at Time2 as Predictors	76
4-5 Multiple Regression for Counseling Evaluation at Time3 with the Expectation Factors at Time3 as Predictors	78
4-6 Pearson Correlation Coefficients Among the Trust Variables and the Counseling/Counselor Satisfaction Measures	81
4-7 Multiple Regression for Client Satisfaction at Time2 with the Trust Variables at Time2 as Predictors ...	83
4-8 Multiple Regression for Client Satisfaction at Time3 with the Trust Variables at Time3 as Predictors ...	84
4-9 Multiple Regression for Counseling Evaluation at Time2 with the Trust Variables at Time2 as Predictors ...	85
4-10 Multiple Regression for Counseling Evaluation at Time3 with the Trust Variables at Time3 as Predictors ...	87
4-11 A Comparison of the Differences Between the Counselors' and Clients' Perspectives of the Clients' Termination Status	90
4-12 Analysis of Variance for Client Satisfaction at Time2 Based on the Counselors' Perspectives of the Clients' Termination Status	95

4-13	Simple Statistics Comparing Mutual Terminators and Dropouts on the Client Satisfaction and Counseling Evaluation Measures	95
4-14	Analysis of Variance for Client Satisfaction at Time3 Based on the Counselors' Perspectives of the Clients' Termination Status	96
4-15	Analysis of Covariance for Counseling Evaluation at Time3 Based on the Counselors' Perspectives of the Clients' Termination Status	98
4-16	Multiple Regression for Client Satisfaction at Time3 Using Predictors from Time1	100
4-17	Multiple Regression for Client Satisfaction at Time3 Using Predictors from Time2	102
4-18	Multiple Regression for Counseling Evaluation at Time3 Using Predictors from Time1	104
4-19	Multiple Regression for Counseling Evaluation at Time3 Using Predictors from Time2	105
4-20	Perceived Client Similarity Ratings to Counselors for Mutual Terminators and Dropouts	108

Abstract of Dissertation Presented to the Graduate School
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CLIENTS' PERCEIVED TRUST, TRUSTWORTHINESS, AND EXPECTATIONS
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SATISFACTION WITH COUNSELING RECEIVED

By

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This study examined clients' expectations about counseling, and perceived trust/trustworthiness before receiving counseling. Changes in these variables and in clients' satisfaction with counseling/counselors over time in counseling were investigated. Also investigated were differences between mutual terminators and dropouts regarding the variables of study. Clients' perceptions of similarity to their counselors were examined relative to clients' satisfaction in counseling.

Seventy-seven clients seeking counseling at two university counseling centers were administered the Expectations About Counseling-Brief Form and the Likert Trust Scale before counseling. These questionnaires were readministered after the clients' first and sixth/last

counseling sessions along with the Client Satisfaction Questionnaire and Counseling Evaluation Inventory.

The first four hypotheses stated that clients' expectations, and perceptions of trust/trustworthiness, would increase over the three specified time periods. T-tests and repeated measures analyses of variance and covariance revealed no significant changes in these variables over time. Correlations indicated that number of counseling sessions attended was not significantly related to clients' expectations, or perceptions of trust/trustworthiness.

Hypotheses five and six combined stated that clients' expectations and perceptions of trust/trustworthiness would be significantly associated with clients' satisfaction with counseling. Multiple regressions indicated that neither of these variables were significant predictors of clients' satisfaction with counseling.

Hypothesis seven stated that compared to dropouts, mutual terminators would evidence higher expectations, perceptions of trust/trustworthiness, and satisfaction with counseling. Multivariate and univariate analyses of variance and covariance revealed no significant differences between the two groups on their expectations or perceptions of trust/trustworthiness. However, based on the counselors' designations of the clients' termination status, mutual terminators were more satisfied with counseling than dropouts.

Hypothesis eight stated that compared with precounseling expectations and perceptions of trust/trustworthiness, expectations, trust, and satisfaction early in counseling would be better predictors of satisfaction later in counseling. Regressions indicated that expectations, trust, and satisfaction early in counseling accounted for sixty-seven percent of the total variance in clients' satisfaction with their counselors later in counseling.

Lastly, hypothesis nine stated that there would be significant positive associations between clients' perceived similarity to their counselors, and clients' satisfaction with their counseling/counselors. Correlations supported this hypothesis. Considerations for future research are discussed.

CHAPTER 1 INTRODUCTION

Statement of the Problem

The goal of counseling is to help people change (Heppner & Claiborn, 1989). Questions as to how to facilitate this change is at the heart of the work of counseling practitioners. Some therapists believe that client change occurs naturally as a result of the therapeutic relationship itself. Others maintain that a good relationship is important inasmuch as it allows the counselor to exert influence and use certain techniques to bring about change in the clients' attitudes and behaviors. Regardless of their therapeutic style, practitioners and theoreticians "probably all currently agree that the counselor-client relationship is important to the outcome of most or all therapeutic efforts" (Gelso & Carter, 1985, p. 155).

Social Influence Theory

Social influence theory offers an explanation of the change process in counseling. This theory suggests that there are two stages involved in this change process. First, the counselor needs to establish herself/himself as a useful resource. Second, after this perception has been

established, the counselor has the leverage needed to influence clients therapeutically. Social influence theory, therefore, conceptualizes counseling as an interpersonal influence process. This process is defined as the ability of one person to influence the actions, attitudes, or feelings of another.

The social influence theory grew out of the social psychology literature. Writers, such as Levy (1963), and Goldstein, Heller, and Sechrest (1966), advocated a connection between social psychological and psychotherapeutic research. However, it was Strong's (1968) article that introduced social influence as a viable theory of the counseling process, and spearheaded research in counseling based on the social influence theory.

In addition to proposing a two-stage model of the counseling process, social influence theory also delineates specific counselor variables that contribute to the counselor's power to influence change in counseling. These variables are perceived counselor expertness, attractiveness and trustworthiness. A substantial amount of research has been conducted to determine the effect of a range of counselor-related variables (e.g., objective evidence of the counselor's training, counselor verbal and nonverbal behaviors, counselor attire, and office decor) on clients' perceptions of their counselors' expertness, attractiveness, and trustworthiness. As a tribute to the proliferation of research in this area, three reviews of the social influence

literature have been published; two at the end of only the first decade of social influence research (Corrigan, Dell, Lewis, & Schmidt, 1980; Heppner & Claiborn, 1989; Heppner & Dixon, 1981).

Social influence, therefore, has emerged as a major research area in the counseling psychology literature within the last twenty years. However, Heppner and Claiborn (1989) have articulated several criticisms of this research. First, these researchers asserted that of the 56 empirical investigations reviewed about social influence by them, 45 (80%) continued to examine the effect of certain counselor behaviors and cues on perceptions of counselor expertness, attractiveness, and trustworthiness. These studies, therefore, examined only the first stage of Strong's (1968) model. Most of the research has tended to ignore the influence process, Strong's (1968) second stage.

Second, Heppner and Claiborn (1989) also asserted that not enough attention has been given to client individual difference variables in the social influence process. The social influence research has historically treated the client as a passive recipient of information. Heppner and Claiborn, (1989) recommended that the client be conceptualized as an active processor of information within the influence process. As such, client characteristics should become more prominent variables in the change process.

Finally, a third major criticism of social influence research raised by Heppner and Claiborn (1989) is that the

majority of research in this area has been based on analogue studies. These researchers urged movement away from the overuse of brief analogue methodologies. They see as absolutely essential the need for the social influence process to be examined in realistic counseling situations.

In order to determine the research variables that would be important in extending the knowledge base of the influence process in counseling, an examination of the therapeutic relationship was undertaken. The client-counselor relationship is the vehicle through which counselors have the ability to exert influence in promoting client change. Therefore, it seemed essential to consider the determinants of the therapeutic relationship.

The Therapeutic Relationship

It was from the client-centered therapy tradition that much of the research about the therapeutic relationship emanated. The late 1960s and early 1970s saw an abundance of research and theory stemming from client-centered therapy. The focus of this research was on the facilitative conditions as being both necessary and sufficient for positive counseling outcomes. However, more recently, research in this area has diminished. Gelso and Carter (1985) suggested that there is a natural cycle in the life of scientific paradigms and that research on the facilitative conditions has obtained its natural limit. Furthermore, Gelso and Carter (1985) proposed that "what is now needed is a new

paradigm, a new way of thinking about the relationship in counseling and psychotherapy" (p. 157). Consistent with the idea of a new paradigm, an effort was made to empirically define the therapeutic relationship.

It was Greenson (1967) who first suggested that the therapeutic relationship could be divided into three components: 1) the working alliance, 2) the transference relationship, and 3) the real relationship. His work had a major impact on analysis and analytic therapy. However, it was Gelso and Carter (1985) who proposed that these three components are not specific to psychoanalysis, but rather exist in all therapeutic relationships. Moreover, the theoretical perspectives and practices of the therapist determines the importance a given component plays in therapy.

The working alliance is defined as the "alignment that occurs between counselor and client...(based on) an emotional bond between the participants, an agreement about the goals of counseling, and agreement about the tasks of the work" (Gelso & Carter, 1985). In order for a strong positive working alliance to be formed, the client must have the capacity to trust. As an essential part of the therapeutic relationship, trust must be established between counselor and client before any therapeutic changes can occur. Furthermore, trust needs to develop early in the relationship otherwise clients may terminate counseling prematurely or remain resistant, sharing only superficial issues with the counselor (Fong & Cox, 1983).

The transference relationship, also defined as the "unreal" relationship, is a core construct in psychoanalytic theory and as such was originally defined in terms of Oedipal issues. However, as counseling psychologists began to explore the potential value of this construct, it became evident that a redefinition was needed. Consequently, Gelso and Carter (1985) proposed the following definition: "a repetition of past conflicts (usually but not always beginning in early childhood) with significant others such that feelings, behaviors, and attitudes belonging rightfully in those early relationships are displaced; in therapy, the displacement is onto the therapist." These misperceptions or misinterpretations of the therapist may be positive or negative and are only a part of the total relationship. Gelso and Carter (1985) further suggest, that transference occurs from the moment of first contact with the helping person, and often even prior to that, in terms of anticipations about the intervention and the helping person. They label this type of transference as preformed transferences or transference "expectancies" (Gelso & Carter, 1985). It would appear, therefore, that as clients come in to counseling, they already have preformed ideas about their counselor and the counseling process. Regardless, of where these ideas find their origin or whether or not they are within the client's conscious awareness, they greatly impact on the therapeutic relationship.

Whereas transference is a core issue in psychoanalysis, the real relationship is at the heart of humanistic therapies. Unlike the transference relationship, the real relationship consists of the counseling participants' realistic perceptions of and reactions to each other. From the moment of their first encounter, both parties actively contribute to the real relationship. It exists alongside and enmeshed with the transference relationship and is a part of all therapies. The expectations counselors and clients have for the real relationship regarding their respective roles are crucial to successful therapy. If these expectations are too discrepant, progress in therapy may be jeopardized and the client may terminate therapy prematurely (Gelso & Carter, 1985).

Purpose of the Study

The purpose of this study, therefore, was to contribute needed information to social influence theory with regard to the change process in counseling. A review of the social influence theory research suggested areas in need of further investigation. Presented, is an examination of the basic components of the therapeutic relationship, including variables that impact the formation of a good client-counselor relationship. These variables are clients' expectations about counseling, perceptions of trust/trustworthiness, and satisfaction with counseling.

Clients' Expectations About Counseling

It has been noted that clients' expectations of the counseling process and of their counselor both impact on all three components of the therapeutic relationship: the working alliance, the transference relationship, and the real relationship. These client expectations influence the transference relationship, which as mentioned, exists prior to and in anticipation of therapy. In turn, the transference relationship impacts on the working alliance. In addition, Gelso and Carter (1985) suggested that the working alliance is the most basic of the components since it contains the essential reasons for individuals to seek therapy to begin with, namely their expectations to receive help. The real relationship is also influenced by expectations in that these expectations define the roles that the counselor and client will play in the therapeutic relationship.

The interpersonal influence literature has a dearth of research investigating the effect of client characteristics on the interpersonal influence process. Clients' expectations about counseling is one client variable that has received substantial attention in the counseling literature and it has recently found its way into the social influence literature (Heppner & Heesacker, 1983). Not only is client expectations an important client variable to be considered in social influence research, in addition, Heppner and Heesacker (1983) suggest that research investigate the predictive

utility of clients' expectations about counseling on clients' satisfaction with counseling received (a potential measure of counselor influence).

Trust/Trustworthiness

Of crucial importance to the working alliance and the real relationship is the client's ability to trust and their perception of the counselor as trustworthy. Although psychoanalytic theory does not place much emphasis on the working alliance or the real relationship, it is evident that in all therapies it is essential for clients to believe that their counselor will not mislead or injure them in any way. The inability to form a trusting relationship impedes the progress of therapy since it is doubtful that a working alliance and a positive real relationship would be established.

Trustworthiness has been the least frequently examined variable in the social influence research. This lack of research on trustworthiness as a component of the influence process has been criticized as a weakness in the research literature (Fong & Cox, 1983). Moreover, the research that has been conducted has focused on trustworthiness as a counselor characteristic. Social influence research has not considered trust as a client variable although, as noted in the therapeutic relationship literature, a client's ability to trust is crucial in forming a working alliance with his/her therapist.

Clients' Satisfaction with Counseling

Finally, clients' satisfaction with the counseling process in early sessions has been shown to be one of the best predictors of later satisfaction and other outcome measures (Gomes-Schwartz, 1978). This finding suggests that client satisfaction with counseling is a key ingredient in the change process in psychotherapy. Specifically, it impacts on the quality of the real relationship and is essential in forging a strong working alliance.

In social influence research, client satisfaction with counseling has been considered a measure of counselor influence. Heppner and Claiborn (1989) indicated that although satisfaction is a global and ambiguous variable, it is certainly an important outcome, especially from a consumer advocacy position.

A final important consideration in counseling research is the applicability of research findings to a wide variety of clients. Many research studies are limited in that their findings are specific to the clients who are able to complete the study. Therefore it is usually not known how dropouts perceived their counselor or how satisfied they were with counseling.

Significance of the Study

The current study sought to be a contribution to social influence theory research. As mentioned before, the majority

of previous research in this area has been based on analogue studies. There is a paucity of real-life counseling studies investigating the importance of clients' expectations, clients' trust levels, and clients' satisfaction with counseling as important variables in the interpersonal influence process. Therefore, the current research focused on the importance of these client variables and their impact on the influence process within a real-life counseling situation.

More specifically, this study investigated:

- 1) the relationship among clients' satisfaction with counseling, expectations about counseling, and perceived trust/trustworthiness with the clients' decisions to stay in counseling or to drop out;
- 2) whether expectations about counseling and perceived trust/trustworthiness levels change over time and if so, whether these changes are related to clients' satisfaction with counseling; and
- 3) whether expectations about counseling, perceived trust/trustworthiness, and clients' satisfaction with initial counseling sessions predict clients' satisfaction with counseling during later sessions and/or at termination.

It was proposed that the findings from this study would provide:

- 1) an impetus for counseling centers to assess their success at meeting the needs of their clients by obtaining an

estimate of the clients' levels of satisfaction with the services they receive; and

2) information that might stimulate strategies for increasing the retention of clients in counseling. Especially for novice clients, it may be important for counselors to discuss the client's expectations for counseling, especially the roles of the counselor and the client, and to intermittently check with the client as to their satisfaction with the progress of counseling.

CHAPTER 2 LITERATURE REVIEW

This chapter focused on the relevant literature pertaining to the research variables that were investigated in this study. These variables were clients' expectations about counseling, clients' perceptions of their own and their counselors' trust/trustworthiness, clients' premature termination from counseling, and clients' satisfaction with counseling.

Expectations About Counseling

Clients' expectations about counseling has been an area of great research interest in the field of counseling psychology over the past ten years. It has been well established that clients come to counseling with certain expectations about what counseling will be like and what roles they and their counselors will assume (Bordin, 1955; Patterson, 1958; Rosenthal & Frank, 1956; Strong, 1968; Tinsley & Harris, 1976). Furthermore, there has been support for the argument that clients' expectations may either facilitate or hinder the effectiveness of the counseling process (Apfelbaum, 1958; Frank, 1968; Goldstein, 1962; Goldstein, Heller, & Sechrest, 1966).

In 1979, Duckro, Beal, and George noted the failure of many researchers to distinguish between expectations about counseling and preferences for counseling. This lack of distinction has caused many inconsistencies in the literature. Tinsley, Bowman, and Ray (1988) later reaffirmed this problem and noted that an additional confound in the expectancy literature is the use of clients' perceptions of counseling. In response to this issue Tinsley, et al. (1988) suggested that the full range of client expectancies be identified and that a reliable and valid measure of those expectancies be developed. Tinsley, Workman and Kass (1980) developed the Expectations About Counseling Questionnaire (EAC) to address this need. Although this questionnaire has not been published, it has been used in several studies (e.g., Craig & Hennessy, 1989; Hardin, Subich, & Holvey, 1988; Heppner & Heesacker, 1983;) and has been shown to measure constructs unique from those measured by perception instruments (Hayes and Tinsley, 1989).

Much of the research on expectations about counseling has focused on the demographic characteristics of respondents. For example, studies have shown that women expect that their counselors will be confrontational, genuine, nurturing, tolerant, trustworthy (Subich, 1983), and attractive, and expect that they themselves will be more responsible and self-motivated in counseling than men (Hardin & Yanico, 1983). However, men expect counselors to be directive, critical, analytical (Tinsley & Harris, 1976), and

self-disclosing (Subich, 1983). Tinsley and Harris (1976) found that the longer students remained in college, the less they anticipated a counselor to be accepting, and an expert. Richmond (1984) found that compared to clients, nonclients had significantly higher expectations that counselors would be genuine, attractive, and trustworthy.

With respect to the influence of cultural factors on clients' expectations, Yuen and Tinsley (1981) found that international students expected their counselor to be more concrete, directive, empathic, nurturant, and expert than did American students. American students reported a higher expectancy than international students to take action and to admit responsibility for counseling progress. Consistent with this finding, Hector and Fray (1987) also reported that Asian clients expected their counselor to be directive and nurturing. Hispanic clients preferred their counselors to be active and directive. In addition, the client's attitude about the counselor and not the counselor's ethnic background was the Hispanic client's most important consideration. American Indians expected to discuss more school-related concerns and had a strong preference for Native American counselors. Compared to American students, African students studying in the USA expected counselors to be more directive and nurturing.

In a study by Proctor and Rosen (1981), clients with definite preferences preferred counselors of their own race. However, both White clients and Black clients expected their

counselor to be White. Although Blacks had a strong preference for a counselor of the same race, failure to meet this preference was not significantly related to premature termination. In addition, neither groups' satisfaction with counseling was significantly related to their expectation or preference with regard to the counselor's race. However, this study used only White counselors and it cannot be determined if Blacks fared as well with a White counselor as they would have with a Black counselor.

Recent studies have focused more on core personality, attitudinal, and cognitive attributes. For instance Craig and Hennessy (1989) used the Conceptual Systems Theory (CST) as "a framework from which to assess the degree to which a stable, preexisting personality dimension can explain the variance in precounseling expectations (p. 402)." Conceptual systems are defined as the predispositions that persons use to construe and interpret perceptions. The CST holds that there are four discrete stages of conceptual development. Eleven subscales of the Expectations About Counseling Questionnaire (EAC; Tinsley et al., 1980) were subjected to a discriminant function analysis.

The two significant discriminant functions that distinguished the four conceptual stages concerned expectations that clients had about counselor characteristics, attitudes and behaviors. More simply stated, compared to each other, individuals in different stages of conceptual development had different expectations

about counselor empathy, directiveness, attractiveness (first function) and counselor self-disclosure, genuineness, and nurturance (second function). Craig and Hennessy (1989) suggested that the degree to which these expectations are confirmed or refuted can have an impact on the initial progress of counseling, and the counseling outcome.

A study by Tinsley, Hinson, Holt, and Tinsley (1990) investigated the relation between students' levels of psychosocial development and their expectations about counseling. Results showed that students with more appropriate educational plans, more mature career plans and more mature lifestyle plans had more positive expectations for counseling. The authors suggested that working with less mature college students, counselors may need to focus early in the counseling process on helping the students develop a sense of personal responsibility for the success of counseling.

Karzmark, Greenfield, and Cross (1983) investigated the relationship between clients' levels of adjustment and expectations for therapy. Subjects were 110 new clients at a university counseling center. Clients estimated their level of adjustment by completing a questionnaire consisting of 25 items selected from the SCL-90 symptom checklist (Derogatis, Lepman, & Covi, 1973). Therapists assessed clients' adjustment at the end of the intake session using the Global Assessment Scale (GAS; Endicott, Spitzer, Fleiss, & Cohen, 1976). In addition, clients' expectations were assessed by a

5-item, factor analytically derived scale. Clients assessed therapy outcome by completing the Client Satisfaction Questionnaire (CSQ; Larsen, Attkisson, Hargreaves, & Nguyen, 1979), and therapists evaluated therapy outcome by reassessing clients with the GAS at termination.

Therapists' assessments of the clients' adjustment with the GAS were used to predict clients' expectations. The regression performed revealed a significant but small positive linear relationship. Clients' own evaluations of adjustment were not significant predictors of clients' expectations. Clients' expectations for counseling also bore a small but significant positive linear relationship to their satisfaction. Clients' expectations were not related to therapists' ratings of outcome.

A study by Heppner and Heesacker (1983) examined client satisfaction in relation to clients' expectations about counseling and their perception of counselor characteristics. Seventy-two clients at a university counseling center completed the study. Clients' perceptions of their counselors expertness, attractiveness and trustworthiness were obtained by the Counselor Rating Form (CRF; Barak & Lacrosse, 1975). Forty-five items, constituting six scales of the EAC were used to measure clients' expectations of their own openness and motivation in counseling, and their expectations of their counselor's acceptance, expertness, attractiveness, and trustworthiness. Clients' satisfaction with counseling was measured by the Counseling Evaluation

Inventory (CEI; Linden, Stone, & Shertzer, 1965). Clients completed the EAC before their initial session and completed the CRF and CEI two weeks before the end of the semester.

Results indicated that in general, the clients perceived their counselors as being expert, attractive, and trustworthy. In addition, clients rated their satisfaction positively. Clients' perceptions of their counselors' expertness, attractiveness and trustworthiness were significantly correlated to clients' satisfaction with counseling. Moreover, clients' expectations of their openness and counselors' trustworthiness were also significantly correlated with clients' satisfaction and perceived counselor attractiveness, expertness and trustworthiness. Regression analyses indicated that the CRF variables were the best predictor of client satisfaction. However, the EAC variables (acceptance, openness, motivation, trustworthiness, attractiveness, expertness) did not significantly predict client satisfaction nor counselor expertness, attractiveness and trustworthiness (CRF).

These findings suggest that specific precounseling client expectations were not predictive of client satisfaction or perceived counselor characteristics after counseling. One reason for this finding may be that before entering counseling, clients have little knowledge of what to expect from counseling, therefore specific clients' expectations of counseling are based on minimal information, or are not well founded. As they experience counseling their

expectations may change. These later expectations may be more reflective of actual therapy experience and thus be more predictive of client satisfaction than expectations prior to counseling (Heppner & Heesacker, 1983).

The authors suggested that additional research be conducted to examine how and to what extent client expectations change over the course of counseling. In addition, subjects who terminated prematurely from the study did not differ on initial EAC scores from subjects who remained. However, it is unknown how these individuals perceived their counselor or how satisfied they were with their counseling. Again the authors suggested that research in this area would extend the present findings by examining premature terminators.

Tinsley et al. (1980) conducted a study that factor analyzed client expectancies as measured by the EAC. The factors obtained were Personal Commitment, Facilitative Conditions, Counselor Expertise and Nurturance. The authors believe that moderately high scores on these factors may be more desirable than extremely high scores. Extremely high scores on the Personal Commitment factor may indicate compulsive, perfectionistic tendencies on the part of the client, whereas low scores may characterize naive clients who expect the counselor to cure them without any effort on their part. Extremely high scores on the Facilitative Conditions factor may indicate that the client expects the counselor to act in some idealistic but unobtainable manner, whereas low

scores may indicate a defensive, guarded client who may avoid any revelation of affect. High scores on the Counselor Expertise factor may be indicative of magical thinking by clients, whereas low scores may indicate fatalism or pessimism regarding the counselor's ability to really help the client. On the Nurturance factor, extremely high scores may represent a desire to escape to a warm pain-free environment and low scores may represent a client's difficulty in believing that the counselor or anyone else could actually care for him or her.

In summary, the expectation literature has contributed valuable information directly related to the process and outcome of counseling. Research has addressed demographic variables relative to client expectations for counseling and have proceeded to examine more core personality factors. Researchers have suggested that there needs to be a clear delineation between counseling expectations, and perceptions and preferences in order to avoid ambiguities and inconsistencies in the literature. In addition, Hayes and Tinsley (1989) encourage the use of the EAC as a prognostic indicator, as a measure of client resources and attitudes that are brought into counseling, and as an indicator of whether education about what to expect during counseling may be necessary before therapy is initiated.

Tinsley et al., (1988) suggested that from expectancy research should come an understanding of the conditions under which expectancy change might be thought to have beneficial

results. Fellows (1985) proposed that measuring differences in expectations across time may offer a useful method for studying changes in expectations. Finally, a follow up study by Tinsley and Benton (1978) to the Tinsley and Harris (1976) study confirmed that many potential clients may never seek counseling because of their low expectation that they will be helped.

An implication of these studies is that counselors need to explore clients' expectations for counseling. Torey (1972) believes that Western psychotherapists can learn a great deal from African witch doctors. He found that witch doctors typically consider the expectations of their clients and that these expectations are critical to the success of the treatment. Richmond (1984) suggests that the initial counseling relationship should reflect the needs of clients in response to expectations and that clients with lower expectations may require additional relationship-building interactions to move effectively toward change.

Trust in Counseling

The major focus of research on trust has been the client's perception of the counselor as a trustworthy person. The interpersonal influence research has contributed much information in this area. However, there has been very little research related to clients' ability to trust as a personality variable. Work in this area has predominantly investigated demographic differences and differences between

high and low trusters. In relation to race, Terrell in conjunction with other associates has contributed much needed information relative to Blacks' mistrust of Whites, including the development of a scale to measure cultural mistrust (Terrell, & Terrell, 1981).

It has been well established that the development of trust is crucial to the effectiveness of counseling (Fong & Cox, 1983; Johnson & Noonan, 1972; Rogers, 1951; Williams, 1974). Corazzini (1977) describes trust as including several concepts: expectancy, reliance upon others, faith, surrendering of control, consistency, mutuality, and utility for risk. Rotter (1971) defines trust as "an expectancy by an individual or a group that the word, promise, verbal, or written statement of another individual or group can be relied on" (p. 444). In counseling, Fong and Cox (1983) note that "trust is the client's perception and belief that the counselor will not mislead or injure the client in any way"... (and) "is one of the crucial issues in the first stage of counseling" (p. 163).

A study by Lagace and Gassenheimer (1989) using the MacDonald, Kessel, and Fuller Self-report Trust Scale (1972) showed that there were no differences between men and women on trust. However, differences were found on the Suspicion scale, with men scoring as more suspicious.

Rotter has been influential in the area of interpersonal trust with the development of his Interpersonal Trust Scale (1967). Some demographic data obtained with this instrument

indicated that youngest children were less trusting than only, oldest, or middle children. Also college students identifying themselves as atheists or agnostics were significantly less trusting than others. Students who perceived their parents as believing in two different religions were less trusting than those who perceived both parents as believing in the same religion or lack of religion (Rotter, 1967).

In addition, a study by Terrell and Barrett (1979) investigating the differences in interpersonal trust between lower and upper socioeconomic classes, men and women, and blacks and whites found that males were more trusting than females, higher socioeconomic group members were more trusting than lower ones, and White students were more trusting than Black students. In relation to gender differences, a contrasting finding was reported in a study by Kaplan (1973) in which factors were derived for Rotter's Trust Scale (1967). Males demonstrated significantly less trust than females on each of the trust factor dimensions.

Grace and Schill (1986) investigated the differences in social support and coping styles of subjects high and low in interpersonal trust. Students in an introductory psychology class were administered instruments measuring their level of interpersonal trust, social support during the past month, perception of social support from friends and family, and coping style. Results showed that subjects high in trust viewed both friends and family as more supportive than

subjects low in trust. Subjects high in trust reported seeking more social support when feeling stressed, and displayed less dysfunctional behavior than subjects low in trust. Subjects low in trust became dysfunctional under stress. The authors concluded that "a pervasive expectancy that people cannot be trusted very likely negatively colors the interpretation of reassurance and assistance, and results in a perception of people as basically unsupportive" (p. 585).

Williams (1974) conducted a study in which Black college students attended five 60-minute counseling sessions with either a white male professional counselor, or a black male or female peer counselor. Subjects completed questionnaires related to their level of interpersonal trust and self-disclosure before and after counseling. Subjects' precounseling data on the self-disclosure and trust questionnaires were used as a selection criteria to participate in the study.

Although there were no significant differences between the two groups on trust and self-disclosure after counseling, mean differences showed that students established higher levels of self-disclosure with the peer counselors ($M = 133.89$; $SD = 23.09$) than with the professional counselors ($M = 122.67$; $SD = 23.10$) after counseling. This finding was not obtained with regards to trust (peer group: $M = 18.22$; $SD = 2.35$; professional group: $M = 19.67$; $SD = 4.55$). In addition, differences between the professional counselors and

peer counselors were not significant. Moreover, both groups established significantly higher levels of self-disclosure and trust after counseling treatment.

These findings suggest that the belief that White professional counselors are less effective than peer facilitators in promoting self-disclosure and trust in Black clients is questionable. In addition, Black trained peer counselors can be effective facilitators of self-disclosure and trust among Black clients.

In a study by Wright (1975), 65 White and 35 Black male students were pretested on the Interpersonal Trust Scale and designated as either high trusters or low trusters based on one standard deviation above or below the mean of this base population. Means and standard deviations for the two racial groups were as follows: Black students - $M = 61.67$, $SD = 9.11$; White students - $M = 68.5$, $SD = 9.69$. From the 100 students tested, 24 were chosen as clients; six high trusters and six low trusters for each race. These students were then administered the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962) prior to their first counseling session and at the end of the fifth counseling session. The counselors were two White, and one Black male with advanced degrees in counseling, and one Black male psychology practicum student.

Results from the pretest indicated that Black high trusters believed that Black counselors would significantly show a higher level of regard 1 (affection, liking), regard 2

(respect, appreciation, valuation), congruence 1 (freedom from threat and anxiety), unconditionality 1 (uncritical acceptance), unconditionality 2 (degree of agreement between persons in the relationship), empathy 1 (degree of recognition of another's perceptions or feelings that are directly communicated), and empathy 2 (ability to place the immediate experiencing of another in the context of the objects or persons who produce that experience), than White counselors. Black low trusters also expected Black counselors to significantly express higher levels of regard 2, congruence 1, and empathy 1 in the counseling relationship than White counselors. White high and low trusters did not have significantly different expectations of the counselors of the two racial groups prior to counseling.

The pre- and post-ratings of both ethnic groups were compared to determine if changes in students' perceptions occurred over time after counseling. There was a significant difference in counselor race in the congruence 2 (degree of what is felt and experienced) and unconditionality 3 (degree of variability in one's affective response to another). Both races perceived White counselors as communicating a higher degree of what is expressed in the counseling relationship than Black counselors. In addition, scores showed a reverse mean pattern for regard 1 between the races. White counselors had a higher degree of liking and affection for Black clients than White clients, and Black counselors communicated a higher degree of liking and affection for

White clients than Black clients. Empathy 3 (ability to adopt another's frame of reference) was highly significant for student race, counselor race, and trust level. High trusters of both races believed that counselors of both races could adopt another's frame of reference. Low trusters of both racial groups perceived White counselors as incapable of adopting another person's frame of reference. White low trusters also felt the Black counselors could not adopt another's frame of reference. However, Black low trusters believed that Black counselors could adopt another person's frame of reference.

Results of this study indicate that Black clients and White clients enter the counseling relationship with preconceived feelings about the opposite race. Moreover, if therapy focuses on the here-and now, race does not inhibit counselors from respecting, uncritically accepting, and recognizing the perceptions or feelings of a different race. This is exemplified by the finding that regardless of counselor race, clients of the opposite race experienced a change in perceptions (negative to positive), relative to the counselors ability to show affection and liking, after counseling. A concern with this study is the question of whether or not counselors were blind to the purpose of the study. The author stated that "prior to counseling, the counselors received the necessary details of the project" (p. 163). The extent of these details was not described.

In an analogue study by Watkins and Terrell (1988), Black students mistrust level and counseling expectations were investigated in relation to Black client-White counselor relationships. In addition to a demographic data questionnaire, students were administered the Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981), indicating the degree to which they distrust Whites, and the Expectations About Counseling Questionnaire (EAC; Tinsley et al., 1980) which was modified for this study. The word "black" or "white" was placed before counselor in the instructions that the experimental groups received. Subjects mistrust levels were considered high or low based on a median split.

Results indicated that compared to less mistrustful Blacks, highly mistrustful Blacks expected less from counseling, regardless of the race of the counselor. Specifically, highly mistrustful subjects viewed the counselor as less attractive and expected a diminished focus on the immediate therapy relationship than less mistrustful subjects. Moreover, highly mistrustful subjects assigned to a White counselor expected their counselor to be less genuine, self-disclosive, accepting, trustworthy, and expert, and expected counseling to be less successful than if they were assigned to a Black counselor.

In a follow-up study, Watkins, Terrell, Miller, and Terrell (1989) once again examined cultural mistrust in relation to Black client-White counselor relationships. In

this study, instead of the EAC, subjects completed the Counselor Effectiveness Rating Scale (CERS; Atkinson & Wampold, 1982) which measures counselor credibility. Additionally, clients completed the Personal Problem Inventory (PPI; Schneider, 1985), a 20-item personal problem list. Subjects rated each problem area in relation to their perceived confidence in the counselor's ability to help them with it. A one item measure of clients' willingness to see the counselor was also used. Responses were made on a 6-point Likert scale ranging from very unwilling (1) to very willing (6). Two manipulation checks were employed; one indicated the degree to which the subjects could identify with the client role and the other indicated the subjects' ability to identify the race of the counselor he/she read about in the experimental manipulations. The counselor description was identical across experimental groups with the exception of the words "black" and "white" being placed alternately in front of the word counselor.

Results indicated that highly mistrustful Blacks tended to view the counselor as less credible when the counselor was White. In addition, highly mistrustful Blacks viewed the counselor as less able to help them deal with sexual functioning concerns, regardless of the counselor's race. Moreover, Blacks who were highly mistrustful of Whites viewed the White counselor as being less able to help them deal with general anxiety, shyness, dating difficulties, and feelings of inferiority than a Black counselor.

This study and the previous one described, emphasized the need for counselors to be sensitive to the mistrust issue and its influence on the Black client-White counselor relationship. Watkins, et al., (1989) identified specific ways in which mistrust levels impact Blacks' expectations of White counselors. The authors have suggested that sensitivity to the mistrust issues in conjunction with the specific problem areas identified would be valuable counseling information for counselors to be aware of. In addition, future research would need to use actual clients and assess the effects of mistrust on counseling over time to address the limitations of the two studies.

Finally, a study by Thompson, Neville, Weathers, Poston, and Atkinson (1990) investigated cultural mistrust and racism reactions among African-American students. Eighty-seven African-American and 70 Euro-American college students took part in the study. They completed an instrument consisting of a demographic section, the Racism Reaction Scale and the Interpersonal Relations, and Education and Training subscales of the Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981). The Racism Reaction Scale (RRS) consists of 19 items that were racism reaction statements by African-American students and 19 additional items from the California Psychological Inventory, used as filler items. Students were categorized as high or low on the CMI using a median-split method.

This study found that the African-American college students felt that they were singled out for differential and inferior treatment more so than their Euro-American counterparts. The feeling was strongest among highly mistrustful African-Americans. Although items on the RRS reflecting generalized reaction to the environment revealed no significant differences between the two racial groups, African-American students reported higher means on more situational/classroom-related items than Euro-Americans. Moreover, the item on the RRS with the greatest difference in ratings by African-American respondents and Euro-American respondents was "I have to be prepared to deal with a threatening environment."

These findings indicate that counselors need to become more aware of racism reactions and be capable of distinguishing these types of statements from statements reflecting paranoia. In addition, some African-American students seeking counseling for issues related to racism reactions may be distrustful of any Euro-American counselor and may, at least initially, express a preference for an African-American counselor. Furthermore, the fact that the staffs of most counseling centers are predominantly or entirely White (Ponterotto, Anderson, & Greiger, 1986) underscores the need for counselors to be sensitive to African-American students' concerns about racism and their possible reactions to seeing a White counselor. Lack of sensitivity to these issues, and the application of a "White-

American student standard" to self-disclosures by African-American students, that may actually be reactions to racism, may frustrate African-American students in counseling and further reinforce their feelings of alienation from the university in general and campus counseling services in particular (Thompson, et al., 1990)

Premature Termination

Premature termination poses a major obstacle to the delivery of counseling services. As many as 20% to 25% of college counseling center clients "no-show" for their first appointment (Epperson, Bushway, & Warman, 1983) and approximately 30% to 60% of all outpatient psychotherapy clients drop out of treatment prematurely (Pekarik, 1983). Premature termination, in its broadest sense, refers to clients leaving treatment before their counselors believe they should. This may be immediately after intake or after the client has met with his or her counselor for one or more sessions.

For those individuals who do not show for their first appointment, the problem may be that of having to wait for a counselor to pick up the individual as a client. Cochran and Stamler (1989) suggest that demographic or administrative variables, such as the client's dissatisfaction with the sex of the intake counselor, length of the intake interview, number of days from intake to case assignment, or the experience level of the assigned counselor, could be more

salient factors in the client's decision to not return after the intake. Archer (1984) suggests that reciprocal referrals to other agencies, augmenting services with paraprofessionals and prepackaged counseling programs and using groups and workshops in lieu of individual counseling could be used to reduce waiting lists. For individuals who terminate after one or more counseling sessions, factors related to the counseling process might play a more significant role in nonmutual terminations (Cochran & Stamler, 1989)

Premature termination is typically viewed as a negative treatment outcome. However several authors have questioned this belief noting that premature termination does not always reflect a negative outcome from the client's perspective (Cochran & Stamler, 1989; Gunzberger, Henggeler, & Watson, 1985; Kokotovic & Tracey, 1987). Clients may feel that their problem has been solved, their symptoms have been substantially reduced or they have developed adequate support systems outside the counseling setting (Mennicke, Lent, & Burgoyne, 1988).

Although there has been very little research investigating the welfare of dropouts, one study showed that for a sample of clients failing to show for their first appointment after receiving an intake interview and being placed on a waiting list, only 29% reported having resolved their presenting problem and 50% had sought help elsewhere (Christensen, Birk, & Sedlacek, 1977). To the extent that premature termination does not represent a positive treatment

outcome, it is a viable concern in process and outcome research. Mennicke et al. (1988) suggest that much counseling research is being conducted with a biased sample, because treatment dropouts are often not considered.

In a study investigating differences between mutual and nonmutual terminators in a university counseling center (Cochran & Stamler, 1989) clients were mailed a questionnaire seeking information on the client's satisfaction with counseling and reasons for terminating counseling. Only clients who had returned for at least one counseling session after the intake interview were included in the study. Clients who terminated counseling prematurely were significantly less satisfied with the counseling experience than clients who had planned a termination with their counselors. In addition, proportionately more mutual terminators endorsed having met their goals for counseling, and proportionately more nonmutual terminators did not think their counselors had the skills to help them. Moreover, none of the 24 nonmutual terminators had sought help elsewhere and only 4 (16%) felt that their situation had improved on its own.

Cochran and Stamler's (1989) study is consistent with a previous study by McNeill, May, and Lee (1987) that investigated perceptions of counselor source characteristics by premature and successful terminators. Fifty-six premature terminators and 148 successful terminators completed a 2-page evaluation form including the Client Satisfaction

Questionnaire (CSQ; Larsen et al., 1979), the Counselor Rating Form (CRF-S; Corrigan & Schmidt, 1983) and a number of miscellaneous and open-ended items for assessing client satisfaction with various aspects of the counseling center's services. Students were given the option of signing the completed evaluation forms. Premature terminators defined as clients who initiated their own terminations of counseling without the knowledge or against the advice of the assigned counselor, attended an average of 3.04 sessions (range = 0 - 17; mode = 2.0). Successful terminators, defined as clients who attended three or more sessions and terminated by mutual agreement with their counselor, attended an average of 7.38 sessions (range = 1-16; mode = 10.0).

The university counseling center clients who terminated prematurely were significantly less satisfied with counseling services that they received. In addition, premature terminators viewed their counselors as significantly less expert, attractive and trustworthy than did clients who terminated successfully. However, premature terminators who continued longer in counseling expressed more satisfaction regardless of the perceived expertness, attractiveness, and trustworthiness of their counselors. Subjects who did not sign their evaluation form viewed their counselors as significantly less attractive and trustworthy and expressed less satisfaction with services than those who chose to sign their forms.

These two studies are at variance with a study by Gunzberger et al. (1985) which studied factors related to premature termination of counseling relationships. Gunzberger, et al. found no differences in client-reported counseling outcome between clients who mutually terminated with their counselors and clients who initiated their own termination, contacted four weeks after termination. The difference between this study and the two previous studies, however, is that Gunzberger, et al. used a telephone interview as opposed to anonymous questionnaires to gather client information. This procedure may have been more intrusive and thereby render the findings as less valid. It has been found that anonymity reduces the high ceiling effects present in reports of client satisfaction or evaluation (McNeill, et al., 1987; Soelling & Newell, 1984).

Terrell and Terrell (1984) studied premature termination as a function of counselor race, client sex, and cultural mistrust level. One hundred and thirty-five black clients at a community mental health center completed the Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981) before counseling. Clients were then randomly assigned to either a Black or White counselor for an intake interview and continued counseling. Premature terminators were defined as individuals not returning for the second or any subsequent counseling sessions.

Results showed that of the 68 clients seen by a Black counselor, 17 (25%) did not return for a second session. Of

the 67 clients seen by a White counselor, 29 (43%) did not return for additional counseling. Moreover, hierarchical regression analyses were used to examine the relation between the predictor variables of counselor's race, mistrust level, and clients' sex on the criterion variable of premature termination for counseling. The main effect of counselor race accounted for 12% of the variance, and when added, the main effect of trust, accounted for a significant increase in the amount of variance ($R^2 = .18$). This finding indicates that Black clients were more likely to terminate from counseling prematurely when seen by a White counselor than when seen by a Black counselor. The trust data indicated that regardless of counselor race, highly mistrustful clients terminated treatment prematurely. Moreover, a significant interaction was found between counselor race and client mistrust level. Highly mistrustful clients seen by a White counselor had a higher rate of premature termination than highly mistrustful clients seen by a Black counselor.

Hardin et al. (1988) examined the relationship between premature termination and clients' expectations about counseling. Data for this study were drawn from archival files at a university counseling center. Half of the selected files consisted of clients who had come for one appointment and, despite having made a second appointment, never returned to the center. The remaining cases consisted of clients who pursued counseling for two or more sessions ($M = 6.35$ sessions, range = 3 - 19) to a mutually agreed-upon

termination. An equal number of clients reported career concerns and personal concerns. Prior to their first session, clients completed the Expectations About Counseling questionnaire (EAC; Tinsley et al., 1980).

Results showed that precounseling expectations did not differentiate terminators from nonterminators. In addition, problem type did not affect expectations. Clients in both groups, had high expectations about the counseling and expected to assume a high degree of responsibility for their counseling experience. Moreover, all clients expected to be open with the counselor and to be at least moderately motivated. They also had moderate levels of expectation for counselor attractiveness, expertness, trustworthiness, tolerance, nurturance, genuineness, acceptance, and confrontation. They had lower expectations for counselor directiveness, empathy, and self-disclosure.

The authors suggested that accepting unequivocally that precounseling expectations do not affect termination status is probably premature, sighting that one confounding factor may result from clients who make subsequent appointments in order to conform to their counselor's desires although they themselves may feel satisfied after one interview. In addition, it may be unwarranted to assume that clients automatically distinguish between preferences and expectations when asked to express their expectations. This confusion between the two variables could have also influenced the results of the study. Finally, Hardin et al

(1988) suggests that the EAC might be a measure of a global positive or negative set toward counseling rather than a number of discrete expectations. This study investigated differences on each of the 17 subscales of the EAC, wherein scales may be composed of only three or four items. Factor scores may have proven more meaningful.

In a review article by Mennicke et al. (1988), it was noted that studies investigating client satisfaction with services and subsequent attendance has resulted in mixed findings. Several researchers have failed to find a relationship between client satisfaction with counseling and attrition (Phillips & Fagan, 1982; Zamostny, Corrigan, & Eggert, 1981). Whereas others have found satisfaction with services to distinguish persisters from premature terminators (Cochran & Stamler, 1989; Greenfield, 1983; Kokotovic & Tracey, 1987; McNeill et al., 1987). Mennicke et al. attribute this discrepancy to the use of different measures used to assess client satisfaction. Most studies finding a relationship between satisfaction and attrition used versions of the Client Satisfaction Questionnaire (Larsen et al., 1979), which is a well-validated measure of client satisfaction with counseling services.

Satisfaction with Counseling

Tanner (1981) conducted a review of quantitative research in which he studied the factors influencing client satisfaction with mental health services. This review

summarizes the results of 38 studies which explored the relationship of 31 variables to client satisfaction. Variables included client and therapist demographic variables, and interaction of these variables; behavioral, stylistic or characterological variables, such as personality and warmth; miscellaneous variables, such as therapist assignment and duration of treatment; and finally, outcome or effectiveness measures.

No client or therapist demographic variables were found to consistently affect client satisfaction. Two client characterological variables were found to be significantly linked to satisfaction. Moberg (1977) found that alcoholic inpatients were less satisfied on four of 12 scales when they failed to identify themselves as alcoholics, and on six scales when they planned to control their drinking rather than abstain. However, these findings have not been replicated.

With regard to therapist behaviors and stylistic variables, clients appear to be more satisfied with therapists that are active (Anderson, Harrow, Schwartz, & Kupfer, 1972; Bent, Putnam, Kiesler, & Nowicki, 1976; Derita, 1976), warm (Bent, et al., 1976; McClanahan, 1974) empathic (Anderson, et al., 1972; Fretz, 1966; McClanahan, 1974; McNally, 1973) and interested (Anderson, et al., 1972; Fretz, 1966; McClanahan, 1974) in them. It is critical to note, however, that these characteristics were measured by client report.

Other significant therapist variables not obtained through client report were social interest and profanity. Clients' satisfaction increased as counselor social interest rose (Zarski, Sweeney, & Barcikowski, 1977). Furthermore, an experimental manipulation study found that middle class clients were less satisfied with counselors who used profanity (Heubush, & Horan, 1977). However, neither of these studies have been replicated.

Two miscellaneous variables that were significantly related to satisfaction were type of termination and duration in treatment. Five studies examining termination type found that outpatients who self-terminated were less satisfied with counseling than those who remained in treatment (Balch, Ireland, McWilliams, & Lewis, 1977; Denner & Halprin, 1974a, 1974b; Kline, Adrian, & Spevak, 1974; Larsen, 1978). In addition, three studies of outpatients reported a positive relationship between length of stay in treatment and at least one satisfaction measure, such that the longer that patients stayed in treatment, the more satisfied they were (Brown & Manela, 1977; Frank, Salzman, & Fergus, 1977).

Finally five studies of clients' reports of treatment effectiveness found a positive relationship to client satisfaction (Edwards, Yarvis, Mueller, & Langsley, 1978; Larsen, 1978; Larsen, et al., 1979; Simons, Wade, Morton, & McSharry, 1978). However, there has been a lack of support for these findings from related measures. Furthermore, social desirability may account for a large part of both the

satisfaction and outcome ratings. Moreover, client report of effectiveness of treatment typically accounts for less than half the variance in satisfaction.

Freeman (1989) examined the influence of client and counselor characteristics on satisfaction with counseling. Subjects were 38 clients at a small liberal arts college counseling center who had been seen for counseling. After the termination interviews, clients and counselors completed a questionnaire packet including the Client Satisfaction Questionnaire (CSQ; Larsen et al., 1979) and two copies of the Counselor Rating Form (CRF; Corrigan & Schmidt, 1983). Participants were asked to rate first the other person and then themselves on the CRF. Only 23 clients returned the questionnaires.

Both counselors and clients perceived the counselor as more attractive, expert, and trustworthy than the clients. Clients rated themselves higher on the CRF dimensions than the counselors rated their clients. Clients' attractiveness, expertness and trustworthiness were significantly related to the counselor's perception of clients' satisfaction. Client satisfaction with services was significantly related to client perception of counselor source characteristics and to client perception of their own attractiveness.

It appears, therefore, that ratings of other was more highly related to satisfaction than ratings of oneself. Only in the case of clients' ratings of their own attractiveness was self-rating significantly correlated with satisfaction.

However, in every instance, rating of other was significantly and positively correlated with satisfaction.

Finally, a study by Neimeyer and Gonzales (1983) investigated the duration, satisfaction, and perceived effectiveness of cross-cultural counseling. Forty-nine white and 21 nonwhite (8 Asian, 7 Black, 3 Hispanic, 1 Native American, 2 unspecified) clients at a university counseling center were seen by 13 white and 7 nonwhite (4 Black, 1 Asian, 2 Hispanic) counselors. Counselors and clients completed a standard Counseling Services Evaluation Form including demographic data, severity of the presenting problem, duration of counseling and perceptions concerning overall satisfaction and perceived effectiveness of services at intake and 10 weeks after the initial session. Clients were randomly assigned to therapists, however pretesting was performed to determine the equivalence of the four groups (counselor race x client race) in terms of age and perceived severity. No significant difference were found.

Results showed that White counselors provided fewer sessions than nonwhite counselors. Nonwhite clients expressed lower satisfaction than White clients, however, this finding needs to be interpreted cautiously since mean differences were minimal ($M = 4.8$, White; $M = 4.3$, nonwhite). This result indicates that satisfaction did not vary as a function of counselor race and was not related to cross-racial differences. No difference in perceived effectiveness of counseling was found among the four treatment dyads.

Neither counselors nor clients perceived any difference in the effectiveness of counseling due to racial similarity or dissimilarity. Therefore, it was concluded that race was not a barrier to counseling.

CHAPTER 3 METHODOLOGY

Subjects

Subjects were 75 students and two student spouses at the University of Florida. The sample included clients being seen individually ($n = 64, 83\%$), in couples counseling ($n = 6, 8\%$), and in group counseling ($n = 7, 9\%$). Ages ranged from 17 to 48, with an average age of 24.5 years. However, 62 percent of the sample ($n = 47$) were between the ages of 17 and 23. There were 58 females and 19 males in the sample. The ethnic breakdown included 65 Caucasians (84%), four African-Americans (5%), four Asians/Pacific Islanders (5%), two Hispanics (3%), and two clients who did not report their ethnic identity (3%). The sample consisted of graduate students ($n = 25, 32\%$), juniors ($n = 19, 25\%$), sophomores ($n = 13, 17\%$), seniors ($n = 12, 15\%$), freshmen ($n = 4, 5\%$), post baccalaureate students ($n = 2, 3\%$), and student spouses ($n = 2, 3\%$). Fifty-eight percent ($n = 45$) of the sample had been in counseling previously, whereas, 42% ($n = 32$) were attending counseling for the first time.

Twenty-six counselors ($n = 16$ females, 10 males) from the University of Florida Counseling Center, as well as, three counselors ($n = 3$ males) from the University of Florida

Student Mental Health Services participated in the study. The counselors from the Counseling Center consisted of seven practicum students, nine interns, three counseling associates, and seven senior staff members. The counselors from Student Mental Health Services were a practicum student, an intern, and a psychiatrist.

Instruments

The Expectations About Counseling-Brief Form (EAC-B; Tinsley et al., 1980) consists of 66 items that are answered on a 7-point Likert scale with response options which range from not true to definitely true (Appendix A). Higher scores indicate more positive expectations about counseling. Each item is prefaced by the phrases "I expect to" or "I expect the counselor to". For the purposes of this study only 53 items were used. The items excluded comprise the Realism scale which is the most experimental scale of the inventory and is not included in the factor scores. The remaining 17 scales of the EAC-B measure expectancies in four general areas: Client Attitudes and Behaviors; Counselor Attitudes and Behaviors; Counselor Characteristics; and Counseling Process and Outcome. The internal consistency reliabilities of the scales, based on the responses of 446 undergraduate students ranged from .69 to .82 with a median reliability of .76 (Tinsley, 1982). Test-retest reliabilities for a 2-month interval ranged from .47 to .87 with a median of .71. All but the responsibility scale had a test-retest reliability of

.60 or higher. The responsibility scale had a test-retest reliability of .47 (Tinsley, 1982).

A factor analysis of the client expectancies measured by the EAC-B (Tinsley et al., 1980) resulted in four factors: Personal Commitment (EAC-B1), Facilitative Conditions (EAC-B2), Counselor Expertise (EAC-B3), and Nurturance (EAC-B4). These factors were used in the data analyses for this study. The Personal Commitment factor reflect clients' expectancies to be responsible, open, and motivated, to have an attractive counselor, to have a counseling experience characterized by concreteness and immediacy, and to experience a good outcome. The Facilitative Conditions factor concerns expectancies that the counselor will be genuine, trustworthy, accepting, and tolerant, that the counselor will sometimes confront the client, and also that the counseling experience will be characterized by concreteness. The Counselor Expertise factor reflects client's expectancies that the counselor will be directive, empathic, and an expert. Lastly, the Nurturance factor concerns client's expectancies that the counselor will be accepting, self-disclosing, nurturant, and attractive. The EAC-B also includes questions related to demographic data, including: age, gender, race, year in school, and whether the client has seen a professional counselor before.

The Likert Trust Scale (LTS) was developed for use in this study (Appendix B). It consists of four questions answered on a 5-point Likert scale. Two questions relate to

the client's perception of his or her own trustworthiness (Trust1), and ability to trust others (Trust2). The other two questions relate to the client's perception of his or her counselor's trustworthiness (Trust3), and ability to trust others (Trust4). The response options range from 1-trustworthy to 5-untrustworthy, and 5-trusting to 1-not trusting. This type of instrument has been used in previous research (Strong & Schmidt, 1970; Rothmeier & Dixon, 1980), however, reliability data was not reported.

The Counseling Evaluation Inventory (CEI; Linden et al., 1965) consists of 21 Likert items that assess client satisfaction with counseling (Appendix C). Three scales were identified through factor analysis : Counseling Climate (e.g., "I distrusted the counselor"), Counselor Comfort (e.g., In opening our conversations, the counselor was relaxed and at ease"), and Client Satisfaction (e.g., I felt satisfied as a result of my talks with the counselor"). Test-retest reliability estimates over a 14-day period ranged from .63 to .78 for the three factors, and .83 for the total inventory. Congruent validity has been demonstrated based on a positive relationship ($p < .05$) between practicum grades for counselors and their clients' ratings on the CEI (Linden, et al., 1965). Two scoring methods have been used with this instrument - a weighted scoring system and a standard 5-point Likert scoring method (1 = always, 5 = never). The Likert method of scoring, and the total inventory score were used in this study.

The Client Satisfaction Questionnaire (CSQ; Larsen et al., 1979) is an eight-item questionnaire used to assess client satisfaction with mental health services (Appendix D). Internal consistency for the CSQ is reported to be .87 for university counseling center populations (Greenfield, 1983). Scores range from 8 to 32, with higher scores indicating higher satisfaction with services. Therapists' estimates of how satisfied they believed the client to be were correlated .56 ($p < .01$) (Larsen et al., 1979) with the actual client rating on the CSQ. This finding provides some evidence of the scale's concurrent validity.

The Counselor Summary Sheet (CSS) was developed for use in this study (Appendix E). This form was completed by the counselors and was used to record the number of sessions attended by clients (excluding intake), date of termination (if applicable), reason(s) for termination, and clients' status: continuing counseling, mutual termination, dropout, or other. Reasons for termination included: client satisfactorily met his/her goals for counseling, counselor did not have the skills/resources necessary to help the client, client's life situation improved on its own, client sought counseling elsewhere, counselor and client could not agree on how to approach the client's problems, counselor and client were not compatible, referred out because the client needed/wanted more counseling than the Center could provide, and other reason.

Mutual terminators were those individuals who planned a termination with their counselors regardless of the number of counseling sessions they had attended. Dropouts were those individuals who terminated counseling without the knowledge or against the advice of their counselor, and who felt that their goals in counseling were not met.

The Client Summary Sheet (CISS) was completed by the clients (Appendix F). It is a parallel form of the Counselor Summary Sheet. However, additionally, clients were asked to indicate the degree to which they perceived themselves to be similar to their counselors by circling a number on a likert scale ranging from 1 - not at all similar to 5 - very similar.

Procedure

Participants were 106 students or student spouses who sought counseling at the University of Florida Counseling Center (CC) and five who sought therapy at the University of Florida Student Mental Health Services (SMHS). Of this original sample, 77 (69%) subjects actually received counseling beyond an initial, evaluation interview (intake) (CC: 74, SMHS: 3). Of the other 34 students, 14 (41%) were closed after their intake, 11 (32%) were referred to other facilities on campus or to private practitioners in the community, and nine (27%) were closed after being on the waiting list. Walk-in clients, emergency clients, and clients screening for a particular group did not take part in

the study. In addition, clients seeking career counseling with the Peer Counselors were not asked to participate in this study.

When clients arrived for an initial, evaluation interview (intake) they were given a cover letter (Appendix G) introducing them to the study, two copies of the Informed Consent Form (Appendix H), the Expectations About Counseling-Brief Form (EAC-B), the Likert Trust Scale (LTS), and an envelope, along with the usual intake forms used by the Counseling Center (CC) or Student Mental Health Services (SMHS).

The Informed Consent Form included information about the purpose of the study, the anticipated risks/benefits of participation in the study, information about the principal investigator, and information about the procedure to be used in the study. Specifically, clients were informed that they would be asked to complete two questionnaires prior to beginning counseling, four questionnaires after their first counseling session (including retaking the first two completed), and five questionnaires after completing counseling or after their sixth session (whichever was first). The latter five questionnaires included retaking the four completed previously. Completing all five questionnaires was estimated to take 15 minutes.

Moreover, clients were informed that their participation in the study was voluntary, and that their refusal to participate in the study would not affect their access to

counseling. However, the Informed Consent Form also stated that clients who completed the study would have their names entered into a lottery from which ten names would be chosen. The individuals selected would receive a money order for ten dollars each.

Clients who agreed to participate in the study completed the Expectations About Counseling-Brief Form and the Likert Trust Scale prior to their intake and returned these questionnaires to the receptionist sealed in the envelope provided, along with one signed copy of the Informed Consent Form. The other copy of the Consent Form was retained by each client for his/her records. Those clients who decided not to participate in the study simply returned the blank questionnaires to the receptionist.

Upon receipt of the sealed envelope containing the first two completed questionnaires and the Informed Consent Form, the receptionist at the Counseling Center stapled a memorandum to the inside of the client's folder containing the usual intake forms used by the Counseling Center. After the intake, the folder was either retained by the counselor if the counselor had decided to pick up this particular client for ongoing counseling, or the folder was placed in a waiting list filing cabinet. The memorandum stapled to the inside of the client's folder (Appendix I) was used by the counselors picking up the client to inform the principal investigator of the date of the client's first scheduled counseling session, the name of the counselor, and the

client's address. The receptionist forwarded the envelopes with the completed questionnaires, and consent forms to the principal investigator. Clients were scheduled for a first counseling session one or more weeks after their intake.

At Student Mental Health Services there is no waiting list, such that each client who received an initial, evaluation interview (intake) and was not referred out immediately, was scheduled for a first session one week after his/her intake. Therefore, on a specific day each week the principal investigator collected the envelopes containing the completed Expectations About Counseling-Brief Form (EAC-B), Likert Trust Scale (LTS) questionnaires, and signed consent forms completed prior to intake, and left envelopes containing the second set of questionnaires for the appropriate clients returning the following week for their first scheduled counseling session.

The questionnaires completed prior to intake were numerically coded upon receipt by the principal investigator and separated from the signed Informed Consent Form. Clients were asked not to write their names on the questionnaires. Subsequent questionnaires were also numerically coded. This procedure was used to ensure client confidentiality, and to match questionnaires completed prior to intake with those completed by the clients later in the study.

After each client's first counseling session, he/she was either mailed or hand delivered (by the counselor), an envelope containing a cover letter, (Appendix J) the

Expectations About Counseling-Brief Form (EAC-B) the Likert Trust Scale (LTS), the Client Satisfaction Questionnaire (CSQ), and the Counseling Evaluation Inventory (CEI). Clients were asked to complete and return these questionnaires sealed in the envelope provided when the client returned for his/her second counseling session. Clients who did not return their questionnaires at the appropriate time were mailed a reminder (Appendix K) and subsequently mailed another set of questionnaires ($n = 35$, 54%).

The above procedure was also used for the third administration which occurred after each client's sixth or last session. Along with the four questionnaires completed at the second administration, clients were also sent a cover letter (Appendix L), and the Client Summary Sheet and asked to complete and return these questionnaires to the principal investigator. Clients who did not return their questionnaires at the appropriate time were mailed a reminder ($n = 46$, 60%). Clients who continually forgot to return their questionnaires were telephoned by the principal investigator and subsequently mailed another set of questionnaires or came in to the Counseling Center or Student Mental Health Services to complete questionnaires that were left at the receptionist desk ($n = 29$, 38%). Also, after their clients' sixth or last session, counselors were asked to complete the Counselor Summary Sheet and return it to the principal investigator.

After the termination of the project, the names of all those clients who completed the project were entered into a lottery. Ten names were chosen at random and ten dollar money orders were mailed to these individuals. Data was collected over a period of two semesters, which was approximately 28 weeks.

Hypotheses

This study examined clients' expectations of their counselors and the counseling process, and clients' levels of perceived trust and trustworthiness prior to beginning counseling. Moreover, changes in these variables and clients' satisfaction with counseling were investigated in relation to clients' actual experiences of counseling.

Specific hypotheses were:

- 1) Clients will exhibit higher positive expectations (Personal Commitment, Facilitative Conditions, Counselor Expertise, Nurturance) of their counselors and counseling after their first session than prior to beginning counseling.
- 2) Clients will evidence higher levels of perceived trustworthiness and trust (Client Trustworthiness, Client Trust, Counselor Trustworthiness, Counselor Trust) after their first session than prior to beginning counseling.
- 3) Clients will exhibit higher positive expectations of their counselors and counseling after two or more sessions than prior to beginning counseling or after their first session. There will be a significant positive association

between number of counseling sessions attended by clients and clients' levels of expectations, such that as the number of sessions increases so will clients' expectations for Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurturance.

4) Clients will evidence higher levels of perceived trustworthiness and trust after two or more sessions than prior to beginning counseling or after their first session. There will be a significant positive association between the number of counseling sessions attended by clients, and both clients' reported levels of their own (Client Trustworthiness, Client Trust) and their counselors' trustworthiness and trust (Counselor Trustworthiness, Counselor Trust).

5) As clients' expectations for counseling increase, clients' satisfaction with counseling (Client Satisfaction; SATIS) and with their counselors (Counseling Evaluation; CEVAL) will also increase.

6) As clients' perceived levels of their own and their counselors' trustworthiness and trust increase, clients' satisfaction with counseling (SATIS) and with their counselors (CEVAL) will also increase.

7) Compared to clients who plan a termination with their counselors, clients who drop out of counseling will evidence lower expectations of counseling (Personal Commitment, EAC-B1; Facilitative Conditions, EAC-B2; Counselor Expertise, EAC-B3; Nurturance, EAC-B4) and lower

levels of perceived trustworthiness and trust (Client Trustworthiness, Client Trust, Counselor Trustworthiness, Counselor Trust) prior to beginning counseling. In addition, dropouts will have less satisfaction with counseling (SATIS) and with their counselors (CEVAL) than mutual terminators.

8) Compared to clients' expectations (EAC-B) and levels of perceived trust/trustworthiness (TRUST) prior to beginning counseling (time1), clients' expectations, levels of trust/trustworthiness, and satisfaction with counseling (SATIS) and with their counselors (CEVAL) early in counseling (time2) will be better predictors of client satisfaction with counseling/counselors later in counseling (time3).

9) There will be significant positive associations between clients' levels of perceived similarity to their counselors (SIM) and clients' satisfaction with their counseling (Client Satisfaction; SATIS) and their counselors (Counseling Evaluation; CEVAL).

CHAPTER 4 RESULTS

The major dependent variables of study in this research were the following: clients' satisfaction with counseling (SATIS) and clients' satisfaction with their counselors (CEVAL). The major independent variables were: clients' expectations about counseling (EAC-B), clients' perceptions of their own and their counselors' trust/trustworthiness (Trust), and time in counseling. Clients' expectations were comprised of four factors: Personal Commitment (EAC-B1), Facilitative Conditions (EAC-B2), Counselor Expertise (EAC-B3), and Nurturance (EAC-B4). Clients' perceptions of their own and their counselors' trust/trustworthiness included four variables: Client Trustworthiness (Trust1), Client Trust (Trust2), Counselor Trustworthiness (Trust3), and Counselor Trust (Trust4). Time in counseling was divided into three periods: precounseling (time1), after the first counseling session (time2) and after the sixth or last counseling session (time3).

Due to the inability to control when clients' actually returned their questionnaires, not all questionnaires were returned after the first and prior to the second counseling session for the second administration of the questionnaires, nor after the sixth and prior to the seventh counseling

session for the third administration of the questionnaires. Therefore, the first administration of the questionnaires (time1) was prior to beginning counseling, and thus the number of sessions attended was zero. For the second administration (time2) the number of sessions attended ranged from one to five sessions ($m = 1.11$, $SD = 1.38$). For the third administration (time3) the number of sessions attended ranged from one to 19 sessions ($m = 4.50$, $SD = 4.37$). Four clients dropped out of counseling after their first session and therefore were administered the third set of questionnaires rather than the second set of questionnaires. The data for these four clients were not included in the analyses for the first four hypotheses.

In order to maintain the integrity of the study, only data obtained from those clients returning their second set of questionnaires after their first counseling session and prior to their second session were included in the analyses for the first four hypotheses ($n = 24$, 53%). The analyses for these hypotheses were repeated measures analyses of variance (ANOVAs) and repeated measures analyses of covariance (ANCOVAs). Repeated measures designs employ the use of a subject as his/her own control and follow-up. Therefore it was necessary to use only the appropriate data in order to obtain the comparisons stated in the first four hypotheses: prior to counseling, after the first session, and after two or more sessions.

To test hypotheses five through nine, regressions, correlations, and analyses of variance (ANOVAs) procedures were used. All data obtained regardless of when the questionnaires were returned could be and were used in these analyses. The return rates were as follows: time2 = 73%, n = 45; time3 = 83%, n = 64.

Preliminary Analyses

It has been noted that clients come in to counseling with preformed ideas about their counselor and the counseling process (Gelso & Carter, 1985). It appeared possible, therefore, that clients' previous counseling experiences (PREV) may affect their expectations and perceptions of their present counselors and counseling experiences. It is further noted that there have been inconsistent findings in the counseling research literature pertaining to the influence of actual counselor experience level (CEXP) on the counseling process (Heppner & Heesacker, 1982; Auerbach & Johnson, 1977).

Thus, prior to performing the statistical analyses to test the stated hypotheses, a series of repeated measures analyses of variance (ANOVAs) were performed to determine whether the dependent measures covary with clients' previous counseling experience (PREV: 1 = yes; 2 = no), counselors' experience levels (CEXP: 1 = prepracticum; 2 = practicum; 3 = intern/associate; 4 = senior staff; 5 = psychiatrist), or the interaction of these two variables (PREV*CEXP). The

results indicated whether these variables (PREV, CEXP, PREV*CEXP) needed to be included as covariates in the analyses to test the stated hypotheses.

Specifically, separate repeated measures ANOVAs were performed with each of the following variables as the dependent measure: the four Expectations About Counseling (EAC-B) factors [Personal Commitment (EAC-B1), Facilitative Conditions (EAC-B2), Counselor Expertise (EAC-B3), and Nurturance (EAC-B4)] at each of the three time periods, the four Likert Trust Scale variables [Client Trustworthiness (Trust1), Client Trust (Trust2), Counselor Trustworthiness (Trust3), Counselor Trust (Trust4)] at each of the three time periods, and the two satisfaction measures [Client Satisfaction (SATIS), Counseling Evaluation, (CEVAL)] at each of the last two time periods. The independent variables in each of these repeated measures ANOVAs were time in counseling (time1, time2 time3), clients' previous counseling experience (PREV), counselors' experience levels (CEXP), and the interaction of these latter two variables (PREV*CEXP). In the following sections are the results of the two repeated measures ANOVAs that proved significant - the one with Counselor Trustworthiness (Trust3) as the dependent variable, and the one with Counseling Evaluation (CEVAL) as the dependent variable.

was no relationship between Counselor Trustworthiness (Trust3) and counselors' experience levels (CEXP) prior to beginning counseling (time1). However, early in counseling [(time2, $m = 1.11$ sessions), $F(3, 38) = 3.05$, $p \leq .0401$], and later in counseling [(time3, $m = 4.5$ sessions), $F(3, 38) = 4.88$, $p \leq .0058$], the more experienced counselors were seen as less trustworthy.

Pearson correlations confirmed that there was a moderate but significant negative relationship between CEXP and Trust3 at time2 ($r = -.34$, $p \leq .02$). The correlations between CEXP and Trust3 at time1 ($r = -.04$, $p \leq .67$) and time3 ($r = -.18$, $p \leq .16$) were also negative, however neither were significant. These results indicate that as the counselors' experience levels increased, clients' perceptions of their counselors as trustworthy decreased. Plots confirmed these finding showing negative slopes between CEXP and Trust3 at time2, and at time3.

Interestingly, the interaction between clients' previous counseling experience and counselors' experience levels (PREV*CEXP) was not detected in the within subjects analysis, although the trend did increase through the three time periods. Since the effect was found in the between subjects analysis, the current study may not have had enough statistical power to detect the three-way interaction (time*PREV*CEXP).

The Repeated Measures Analysis of Variance with Counseling Evaluation as the Dependent Variable

A repeated measure ANOVA was performed with Counseling Evaluation (a measure of clients' satisfaction with their counselors; CEVAL) as the dependent measure, and the following as independent variables: counseling received over two time periods (time2, time3), clients' previous counseling experience (PREV), counselors' experience levels (CEXP), and the interaction of these two variables (PREV*CEXP). The between subjects test revealed a significant overall effect for CEXP, $F(1, 37) = 3.86$, $p \leq .056$. Apparently the counselors' experience levels also affected the clients' satisfaction with their counselors.

The within subjects test revealed a significant time*CEXP*PREV interaction, $F(1, 37) = 4.26$, $p \leq .0462$. There was no significant effect for CEVAL at time2. However, there was a significant effect for CEVAL at time3, $F(3, 37) = 3.99$, $p \leq .0147$. Moreover, CEXP*PREV ($p \leq .0270$) was significantly associated with Counseling Evaluation (CEVAL) at time3. These results indicate that counselors' experience levels (CEXP) and clients' previous counseling experience (PREV) were not significant factors in clients' satisfaction with their counselors (CEVAL) early in counseling (time2). However, later in counseling (time3) an interaction between CEXP and PREV apparently became impactful in clients' satisfaction with their counselors (CEVAL).

Pearson correlations and plots were conducted separately for clients with no previous counseling experience and clients with previous counseling experience. Pearson correlations revealed that for clients with no previous counseling experience, there were moderate, but nonsignificant negative relationships between CEVAL and CEXP both at time2 ($r = -.42, p \leq .108$), and time3 ($r = -.33, p \leq .103$). However, for clients with previous counseling experience, the relationship between CEXP and CEVAL changed from being negative at time2 ($r = -.10, p \leq .627$) to being positive at time3 ($r = .28, p \leq .094$). These correlations were also not significant. Plots confirmed these findings showing consistent negative slopes at time2 and time3 for clients with no previous counseling experience. In contrast, for clients with previous counseling experience, plots showed a negative slope between CEVAL at time2 and CEXP, but a positive slope between CEVAL at time3 and CEXP, which resulted in the interaction effect.

Tests of the Hypotheses

Since the preliminary analyses revealed that both Counselor Trustworthiness (Trust3) and Counseling Evaluation (CEVAL) were significantly affected by clients' previous counseling experience (PREV), and counselors' experience levels (CEXP), these two variables and their interaction (PREV, CEXP, and PREV*CEXP) were included as covariates in the analyses involving Trust3 and CEVAL. Where results with

the covariates were very similar to results without the covariates, the simpler models (without the covariates) are reported.

As previously stated, hypothesis one was that clients will exhibit higher positive expectations (expectation factors: Personal Commitment, Facilitative Conditions, Counselor Expertise, Nurturance) of their counselors and counseling after their first session than prior to beginning counseling. The analyses for this hypothesis were t-tests for dependent samples. Results indicated no significant differences between the means for the expectation factors from prior to beginning counseling to after the first counseling session, failing to support hypothesis one.

Hypothesis two stated that clients will also evidence higher levels of perceived trust and trustworthiness (Client Trustworthiness, Client Trust, Counselor Trustworthiness, Counselor Trust) after their first session than prior to beginning counseling. T-tests for dependent samples were conducted for Client Trustworthiness (Trust1), Client Trust (Trust2), and Counselor Trust (Trust4). Results revealed a significant (somewhat borderline) difference for Trust1 from prior to beginning counseling to after the first counseling session ($t = -2.01$, $p \leq .0558$). Means indicated that clients' perceptions of themselves as trustworthy decreased from prior to beginning counseling ($M = 4.63$, $SD = 0.58$) to after their first session ($M = 4.38$, $SD = 0.82$). However,

there were no significant differences in the means for Trust2 or Trust4 over the same time period.

A repeated measures analysis of covariance (ANCOVA) was conducted with Counselor Trustworthiness (Trust3) as the dependent variable, time in counseling (time1, time2) as the independent variable, and clients' previous counseling experience (PREV), counselors' experience levels (CEXP), and the interaction of these two latter variables (PREV*CEXP) as covariates. The within subjects test for the entire sample indicated no overall time effect, and no differences in the means for Counselor Trustworthiness (Trust3) over time due to previous counseling experience (PREV), counselor experience level (CEXP) or the interaction of these two variables (PREV*CEXP). There was a decrease in clients' perceptions of their counselors as trustworthy from prior to beginning counseling ($M = 4.71$, $SD = 0.46$) to after their first session ($M = 4.21$, $SD = 0.98$), however, the difference was not significant. The results obtained failed to support hypothesis two.

Hypothesis three stated that clients will exhibit higher positive expectations for Personal Commitment (EAC-B1), Facilitative Conditions (EAC-B2), Counselor Expertise (EAC-B3), and Nurturance (EAC-B4) after two or more sessions than prior to beginning counseling or after their first session. Moreover, there will be a significant positive association between number of counseling sessions attended by clients and clients' expectations about counseling, such that as number

of sessions increases so will clients' expectations for Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurturance (expectation factors).

To test hypothesis three, separate repeated measures analyses of variance (ANOVAs) were conducted with each expectation factor as a dependent measure, and counseling received over three time periods as the independent measure. Results of the four repeated measures ANOVAs indicated that there were no overall effects due to time for any of the expectation factors, indicating that there were no significant differences in the means for any of the four expectation factors from prior to beginning counseling, to after the first or after two or more counseling sessions. There was an increase in the means for Nurturance (EAC-B4) over the three time periods (see Table 4-1, however, the differences in the means were not significant.

In addition, Pearson correlations were utilized to determine the type of relationship (positive vs negative) between number of sessions attended by clients and clients' expectation for Personal Commitment (EAC-B1), Facilitative Conditions (EAC-B2), Counselor Expertise (EAC-B3), and Nurturance (EAC-B4). Results indicated that none of the correlations were significant, such that clients' expectations about counseling were not significantly related to the amount of time clients spent in counseling. The results of the analyses conducted for hypothesis three, therefore, failed to support the hypothesis.

Table 4-1

Simple Statistics for the Expectation Factors

Variable	Time1 ^a			Time2 ^b			Time3 ^c		
	n	m	SD	n	m	SD	n	m	SD
EAC-B1	21	5.68	0.75	23	5.63	0.56	24	5.78	0.66
EAC-B2	22	5.41	0.92	24	5.30	0.99	24	5.38	0.76
EAC-B3	24	4.01	1.13	24	3.86	1.43	24	4.19	1.34
EAC-B4	22	4.53	1.03	24	4.59	1.19	24	4.62	1.05

^a0 sessions, ^b1 session, ^c $\bar{m} = 6.33$ sessions, SD = 3.45

EAC-B: 7 point Likert scale

Hypothesis four was that clients will also evidence higher levels of perceived trustworthiness and trust [Client Trustworthiness, (Trust1); Client Trust, (Trust2); Counselor Trustworthiness, (Trust3); Counselor Trust, (Trust4)] after two or more sessions than prior to beginning counseling or after their first session. Moreover, there will be a significant positive association between number of counseling sessions attended by clients and clients' reported levels of their own trustworthiness and trust as well as clients' levels of perceived counselor trustworthiness and trust.

The analyses for hypothesis four involved separate repeated measures ANOVAs with Trust1, Trust2, and Trust4 as dependent variables, and a repeated measures ANCOVA with Trust3 as the dependent variable. Counseling received over

three time periods was the independent variable. In addition, Pearson correlations were utilized to determine the type of relationship (positive vs negative) between number of sessions attended by clients and clients' reports of their own trustworthiness and trust, as well as clients' perceived counselor trustworthiness and trust. Results of the three repeated measures ANOVAs with Trust1, Trust2 and Trust4 as the dependent measures revealed that there were no overall time effects for any of the three trust variables, indicating that there were no significant differences in the means for any of the three Trust variables from prior to beginning counseling, to after the first or after two or more counseling sessions. There was an increase in the means for Counselor Trust (Trust4) over the three time periods (Table 4-2). However, the differences in the means were not significant.

A repeated measures ANCOVA was conducted with Trust3 (Counselor Trustworthiness) as the dependent measure, counseling received over three time periods (time1, time2, time3) as the independent measure, and clients' previous counseling experience (PREV), counselors' experience levels (CEXP), and the interaction of these two variables (PREV*CEXP) as covariates. The within subjects test of the repeated measures ANCOVA with Counselor Trustworthiness as the dependent variable for the entire sample revealed that there was no overall time effect, nor significant differences in the means for Trust3 over time due to clients' previous

counseling experience (PREV), the counselors' experience levels (CEXP) or the interaction of these two variables (PREV*CEXP).

Table 4-2

Simple Statistics for the Trust Variables

Variable	Time1 ^a			Time2 ^b			Time3 ^c		
	n	m	SD	n	m	SD	n	m	SD
Trust1	24	4.63	0.58	24	4.38	0.82	24	4.54	0.59
Trust2	24	3.58	0.78	24	3.33	0.92	24	3.33	0.96
Trust3	24	4.71	0.46	24	4.21	0.98	24	4.63	0.71
Trust4	24	3.75	0.74	23	3.87	0.97	24	4.17	0.76

^a0 sessions, ^b1 session, ^c $\bar{m} = 6.33$ sessions, $SD = 3.45$

Trust: 5 point Likert scale

Results of the Pearson correlations between number of sessions attended by clients and the Trust variables revealed that none of the correlations were significant, such that clients' perceptions of themselves and their counselors as trustworthy and trusting were not significantly related to the number of counseling sessions attended by the clients. Therefore, the results of the analyses conducted for hypothesis four failed to support the hypothesis.

Hypothesis five was that as clients' expectations for counseling (expectation factors: Personal Commitment,

EAC-B1; Facilitative Conditions, EAC-B2; Counselor Expertise, EAC-B3; Nurturance, EAC-B4) increase, clients' satisfaction with counseling (Client Satisfaction, SATIS) and with their counselors (Counseling Evaluation, CEVAL) will also increase. Both Pearson correlations between the expectation factors and SATIS and CEVAL, and multiple regressions were conducted to test this hypothesis. Only Personal Commitment (EAC-B1) at time2 ($m = 1.11$ sessions) showed moderate but significant positive correlations with clients' general satisfaction with counseling (Client Satisfaction; SATIS), and with clients' satisfaction with their counselors (Counseling Evaluation; CEVAL) at time2. These results indicated that early in counseling (time2), as clients' expectations for Personal Commitment to counseling increased, so did their satisfaction with their counseling (SATIS) and with their counselors (CEVAL). See Table 4-3 for the results of the Pearson Correlations.

Four multiple regressions were also conducted. More specifically, the first regression included Client Satisfaction (SATIS) at time2 ($m = 1.11$ sessions) as the criterion variable and the following as predictor variables: the four expectation factors (Personal Commitment, EAC-B1; Facilitative Conditions, EAC-B2; Counselor Expertise, EAC-B3, Nurturance, EAC-B4) at time2. Results of this regression revealed that the model itself was not statistically

Table 4-3

Pearson Correlation Coefficients Among the Expectation Factors and the Counseling/Counselor Satisfaction Measures

Variables	Time2 ^a	Time3 ^b
Client Satisfaction and		
Personal Commitment	.34*	.14
Facilitative Conditions	.17	-.10
Counselor Expertise	.05	-.06
Nurturance	.25	-.03
Counseling Evaluation and		
Personal Commitment	.43**	.19
Facilitative Conditions	.14	-.04
Counselor Expertise	-.04	-.09
Nurturance	.12	-.04

^a_m = 1.11 sessions, SD = 1.38 ^b_m = 4.5 sessions, SD = 4.37.

* $p \leq .05$ ** $p \leq .005$

significant ($F(4, 38) = 1.47, p \leq .2313$) indicating that none of the expectation factors at time2 were related to Client Satisfaction (SATIS) at time2. Likewise, the R-square ($R^2 = .134$) was quite small indicating that the expectation factors at time2 did not account for much of the variance in SATIS at

time2 and, therefore, were poor predictors of Client Satisfaction (SATIS) with counseling in general at time2. The second regression involved SATIS at time3 as the criterion variable, and the four expectation factors at time3 ($m = 4.5$ sessions) as the predictor variables. Results revealed that the model itself was not significant ($F(4, 59) = 1.90, p \leq .1232$), suggesting that none of the expectation factors at time3 were related to clients' satisfaction with counseling (SATIS) at time3. Moreover, the R-square ($R^2 = .114$) was quite small, and Pearson correlations confirmed that there were minimal relationships between clients' satisfaction with counseling (SATIS) at time3 and clients' expectations about counseling at time3 (see Table 4-3) indicating that the expectation factors at time3 accounted for only a very small amount of the variance in SATIS at time3 and therefore were not good predictors of this variable.

The third regression included Counseling Evaluation (CEVAL) at time2 as the criterion variable and the following as predictor variables: the four expectations factors (Personal Commitment, EAC-B1; Facilitative Conditions, EAC-B2; Counselor Expertise, EAC-B3, Nurturance, EAC-B4) at time2 ($m = 1.11$ sessions), clients' previous counseling experience (PREV), counselors' experience levels (CEXP), and the interaction of these two latter variables (PREV*CEXP). Results of this regression (as shown in Table 4-4) indicated that the model itself was significant ($F(7, 35) = 2.39$,

Table 4-4

Multiple Regression for Counseling Evaluation at Time2 with
the Expectation Factors at Time2 as Predictors

Source	DF	SS	MS	F	P
Model	7	2.58	0.37	2.39	.0414
Error	35	5.39	0.15		
Total	42	7.97			
EAC-B1-2	1	1.77	1.77	11.46	.0018
EAC-B2-2	1	0.15	0.15	0.97	.3303
EAC-B3-2	1	0.00	0.00	0.01	.9389
EAC-B4-2	1	0.02	0.02	0.16	.6920
PREV	1	0.18	0.18	1.18	.2838
CEXP	1	0.56	0.56	3.66	.0639
PREV*CEXP	1	0.15	0.15	0.94	.3386
Variable	DF	Parameter Estimate	Standard Error	T	P
Intercept	1	2.81	0.77	3.65	.0008
EAC-B1-2	1	0.59	0.17	3.39	.0018
EAC-B2-2	1	-0.13	0.13	-0.99	.3303
EAC-B3-2	1	-0.00	0.07	-0.08	.9389
EAC-B4-2	1	-0.05	0.12	-0.40	.6920
PREV	1	-0.60	0.55	-1.09	.2838
CEXP	1	-0.26	0.13	-1.98	.0559
PREV*CEXP	1	0.18	0.18	0.97	.3386
$R^2 = .324$	CV = 8.83	Root MSE = .392		$m = 4.45$	

$p \leq .0414$), suggesting that at least one of the independent variables was significantly related to clients' satisfaction with their counselors (CEVAL) at time2. Personal Commitment (EAC-B1) was the only significant predictor variable ($p \leq .0018$) in this model. Interestingly, the R-square obtained was small ($R^2 = .324$) indicating that the model accounted for only a small amount of the variance in Counseling Evaluation (CEVAL). However, Pearson correlations indicated that Personal Commitment was also the only expectation factor significantly correlated with CEVAL at time2 ($r = .43$, $p \leq .004$) suggesting that Personal Commitment may still be a good predictor of Counseling Evaluation at time2, if it (EAC-B1) accounts for most or all of the variation explained by the model. The fourth regression included CEVAL at time3 as the criterion variable and the following as predictor variables: the four expectation factors (EAC-B) at time3 ($m = 4.5$ sessions), clients' previous counseling experience (PREV), counselors' experience levels (CEXP), and the interaction of these two latter variables (PREV*CEXP). Results indicated that the model was significant ($F(7, 56) = 2.14$, $p \leq .0542$), suggesting that at least one of the independent variables was significantly related to clients' satisfaction with their counselors at time3 (see Table 4-5).

Personal Commitment (EAC-B1, $p \leq .0081$), clients' previous counseling experience (PREV, $p \leq .0205$), and the interaction of clients' previous counseling experience and

Table 4-5

Multiple Regression for Counseling Evaluation at Time3 with the Expectation Factors at Time3 as Predictors

Source	DF	SS	MS	F	P
Model	7	5.59	0.80	2.14	.0542
Error	56	20.94	0.37		
Total	63	26.53			
EAC-B1-3	1	2.82	2.82	7.54	.0081
EAC-B2-3	1	0.12	0.12	0.32	.5709
EAC-B3-3	1	0.00	0.00	0.01	.9418
EAC-B4-3	1	0.15	0.15	0.40	.5287
PREV	1	2.13	2.13	5.68	.0205
CEXP	1	0.11	0.11	0.30	.5875
PREV*CEXP	1	2.64	2.64	7.07	.0102
Variable	DF	Parameter Estimate	Standard Error	T	P
Intercept	1	3.70	0.76	4.83	.0001
EAC-B1-3	1	0.46	0.17	2.75	.0081
EAC-B2-3	1	-0.13	0.23	-0.57	.5709
EAC-B3-3	1	-0.01	0.08	-0.07	.9418
EAC-B4-3	1	-0.11	0.17	-0.63	.5287
PREV	1	-1.54	0.64	-2.38	.0205
CEXP	1	-0.34	0.15	-2.21	.0312
PREV*CEXP	1	0.56	0.21	2.66	.0102
$R^2 = .211$	CV = 14.24		Root MSE = .611		$m = 4.29$

counselors' experience levels (PREV*CEXP, $p \leq .0102$) appeared as significant predictors of Counseling Evaluation (CEVAL) at time3. To clarify the interaction effect (PREV*CEXP), the parameter estimates revealed that both PREV (-1.54) and CEXP (-0.34) were negatively associated with CEVAL. These negative associations indicate that clients with previous counseling experience were more likely to have higher satisfaction with their counselors (CEVAL). In addition, it appears that clients were more satisfied with counselors who had less experience. The interaction between clients' previous counseling experience and counselors' experience levels (PREV*CEXP = 0.56) indicates that clients with previous counseling experience had higher satisfaction with more experienced counselors. In contrast, clients with no previous counseling experience had higher satisfaction with less experienced counselors. Once again, the R-square obtained was quite small ($R^2 = .211$), indicating that the predictors in this model only accounted for a small amount of the variance in CEVAL at time3. Therefore, it is doubtful whether even the significant predictors are very influential in predicting Counseling Evaluation (CEVAL) at time3.

Results of the multiple regressions for hypothesis five revealed that only small amounts ($R^2 = .114$ to $.324$) of the variance in SATIS and CEVAL at time2 and time3 were accounted for by the four expectation factors. These results indicate that the expectation factors were not highly influential predictors of clients' satisfaction with their counseling

(SATIS) and with their counselors (CEVAL). However, the Pearson correlations did reveal significant positive correlations between Personal Commitment (EAC-B1) at time2 and both SATIS ($r = .343$, $p \leq .0226$) and CEVAL ($r = .429$, $p \leq .0040$) at time2, indicating that as clients' expectations for their Personal Commitment to counseling increased, so did clients' satisfaction with counseling and with their counselors giving marginal support to hypothesis five for EAC-B1

Hypothesis six was that as clients' perceived levels of their own and their counselors' trustworthiness and trust (Client Trustworthiness, Trust1; Client Trust, Trust2; Counselor Trustworthiness, Trust3; Counselor Trust, Trust4) increase, clients' satisfaction with counseling (Client Satisfaction, SATIS) and with their counselors (Counseling Evaluation, CEVAL) will also increase. Both Pearson correlations between the trust variables and SATIS and CEVAL, and multiple regressions were utilized to test the hypothesis.

The Trust variables all showed significant positive correlations with SATIS and/or CEVAL at one or both time periods (see Table 4-6), indicating that both clients' perceptions of themselves and perceptions of their counselors as trustworthy and trusting were important in clients' satisfaction with counseling (SATIS) and/or with their counselors (CEVAL). Moreover, Counselor Trustworthiness

Table 4-6

Pearson Correlation Coefficients Among the Trust Variables
and the Counseling/Counselor Satisfaction Measures

Variables	Time2 ^a	Time3 ^b
Client Satisfaction and		
Client Trustworthiness	.37**	.10
Client Trust	.34*	.15
Counselor Trustworthiness	.60***	.60***
Counselor Trust	.20	.43***
Counseling Evaluation and		
Client Trustworthiness	.28	.12
Client Trust	.31*	.10
Counselor Trustworthiness	.67***	.64***
Counselor Trust	.23	.43***

^a $\bar{m} = 1.11$ sessions, $SD = 1.38$ ^b $\bar{m} = 4.5$ sessions, $SD = 4.37$.

* $p \leq .05$ ** $p \leq .01$ *** $p \leq .0005$

(Trust3) evidenced the highest correlations with both SATIS ($r = .600$, $p \leq .0001$) and CEVAL ($r = .665$, $p \leq .0001$) at time2, and time3 (SATIS: $r = .603$, $p \leq .0001$; CEVAL: $r = .636$, $p \leq .0001$). These findings indicate that as clients' perceptions of their counselors as trustworthy increased, so did clients' satisfaction with counseling in general and satisfaction with their counselors.

Four multiple regression were also performed. The first multiple regression involved Client Satisfaction (SATIS) at time2 as the criterion variable and the four Trust variables at time2 [Client Trustworthiness, (Trust1); Client Trust, (Trust2); Counselor Trustworthiness, (Trust3); Counselor Trust, (Trust4)] as the predictor variables. Results revealed that the model was significant ($F(4, 38) = 6.91, p \leq .0003$), indicating that at least one of the Trust variables was significantly related to clients' satisfaction with counseling (SATIS) at time2. Counselor Trustworthiness (Trust3) was the only predictor that reached statistical significance ($p \leq .0013$). The R-square for this model ($R^2 = 0.421$) was moderate, indicating that the predictors in this model accounted for some of the variance in SATIS at time2, however, over fifty percent of the variance was still unaccounted for, indicating that collectively the Trust variables were not very good predictors of SATIS at time2. However, considering the highly significant correlation between Counselor Trustworthiness (Trust3) and SATIS at time2 ($r = .600, p \leq .0001$), Trust3 may explain most of the variation accounted for by the model, and thus may still be a good predictor of SATIS at time2. See Table 4-7 for the results of this regression.

The second regression included Client Satisfaction (SATIS) at time3 ($m = 4.5$ sessions) as the criterion variable, and the four Trust variables at time3 as the

Table 4-7

Multiple Regression for Client Satisfaction at Time2 with the Trust Variables at Time2 as Predictors

Source	DF	SS	MS	F	P
Model	4	207.88	51.97	6.91	.0003
Error	38	285.75	7.52		
Total	42	493.63			
Variable	DF	Parameter Estimate	Standard Error	T	P
Intercept	1	12.43	3.45	3.60	.0009
Trust1-2	1	0.51	0.70	0.72	.4751
Trust2-2	1	0.75	0.44	1.69	.0985
Trust3-2	1	2.14	0.62	3.46	.0013
Trust4-2	1	-0.16	0.54	-0.29	.7757
R ² = .421	CV = 10.58	Root MSE = 2.74		m = 25.91	
Adj. R ² = .360					

predictor variables (see Table 4-8). Again results revealed that the model itself was significant ($F(4, 59) = 8.58, p \leq .0001$), and Counselor Trustworthiness (Trust3) was the only significant predictor ($p \leq .0001$). However the R-square for this model ($R^2 = .368$) was small. Once again it appears that collectively the predictors in this model only accounted for

Table 4-8

Multiple Regression for Client Satisfaction at Time3 with the Trust Variables at Time3 as Predictors

Source	DF	SS	MS	F	P
Model	4	706.06	190.02	8.58	.0001
Error	59	1306.92	22.15		
Total	63	2066.98			
Variable	DF	Parameter Estimate	Standard Error	T	P
Intercept	1	4.65	5.49	0.85	.4004
Trust1-3	1	-0.17	1.05	-0.16	.8705
Trust2-3	1	0.05	0.58	0.09	.9296
Trust3-3	1	4.21	1.03	4.09	.0001
Trust4-3	1	0.48	0.85	0.56	.5748
R ² = .368	CV = 18.81	Root MSE = 4.71		m = 25.91	
Adj. R ² = .325					

a small amount of the variance in SATIS at time3. Yet, it is possible that because Trust3 was highly correlated with SATIS at time3 ($r = .603$, $p \leq .0001$), Trust3 accounted for most of the variance in the model and may still be influential in predicting SATIS at time3.

The third regression involved Counseling Evaluation (CEVAL) at time2 ($M = 1.11$ sessions) as the criterion

variable, and the four Trust variables at time2 [Client Trustworthiness, (Trust1); Client Trust, (Trust2); Counselor Trustworthiness, (Trust3); Counselor Trust, (Trust4)] as the predictor variables (see Table 4-9). Once more, this model

Table 4-9

Multiple Regression for Counseling Evaluation at Time2 with the Trust Variables at Time2 as Predictors

Source	DF	SS	MS	F	P
Model	4	3.55	0.89	8.10	.0001
Error	38	4.16	0.11		
Total	42	7.72			
Variable	DF	Parameter Estimate	Standard Error	T	P
Intercept	1	2.95	0.42	7.07	.0001
Trust1-2	1	-0.03	0.08	-0.38	.7073
Trust2-2	1	0.06	0.05	1.21	.2346
Trust3-2	1	0.34	0.07	4.51	.0001
Trust4-2	1	-0.02	0.06	-0.24	.8074
R ² = .460	CV = 7.47	Root MSE = .331		m = 4.43	
Adj. R ² = .403					

was also statistically significant ($F(4, 38) = 8.10$, $p \leq .0001$), and consistently, Counselor Trustworthiness (Trust3) was the only predictor variable to reach statistical

significance ($p \leq .0001$). Results revealed that the R-square for this model ($R^2 = .460$) was moderate, indicating that 46% of the variance in CEVAL at time2 was accounted for by the Trust variables. However, compared to the other trust variables, Counselor Trustworthiness (CEVAL) appeared to be the best predictor of clients' satisfaction with their counselors at time2.

The fourth regression included Counseling Evaluation (CEVAL) at time3 as the criterion variable, and the four Trust variables at time3 as the predictor variables. Consistent with the other three regressions for this hypothesis, this model was also significant ($F(4, 59) = 10.18, p \leq .0001$), and once again Counselor Trustworthiness (Trust3) was the only significant predictor variable ($p \leq .0001$). The R-square ($R^2 = .408$) was also moderate indicating that the Trust variables at time3 accounted for approximately 41% of the total variance in clients' satisfaction with their counselors at time3. The consistent finding that Counselor Trustworthiness was the only significant predictor in all four regressions indicates that clients' perceptions of their counselors as trustworthy (Trust3) may be considered an important predictor of clients' satisfaction with counseling and with their counselors. Results of this regression model are presented in Table 4-10.

Results of the multiple regressions for hypothesis six revealed that only moderate amounts ($R^2 = .368$ to $.460$) of

the variance in SATIS and CEVAL at time2 and time3 were accounted for by the four Trust variables indicating that

Table 4-10

Multiple Regression for Counseling Evaluation at Time3 with the Trust Variables at Time3 as Predictors

Source	DF	SS	MS	F	P
Model	4	10.83	2.71	10.18	.0001
Error	59	15.69	0.27		
Total	63	26.53			
Variable	DF	Parameter Estimate	Standard Error	T	P
Intercept	1	1.85	0.60	3.08	.0032
Trust1-3	1	0.00	0.11	0.02	.9850
Trust2-3	1	-0.03	0.06	-0.45	.6512
Trust3-3	1	0.53	0.11	4.71	.0001
Trust4-3	1	0.03	0.09	0.35	.7302
$R^2 = .408$	CV = 12.01	Root MSE = .516		$\bar{M} = 4.29$	
Adj. $R^2 = .368$					

collectively the Trust variables were not highly influential predictors of clients' satisfaction with their counseling (SATIS) and with their counselors (CEVAL). However, the Pearson correlations revealed several significant positive correlations between the Trust variables and the satisfaction

measures (SATIS and CEVAL). Counselor Trustworthiness (Trust3) in particular evidenced highly significant positive correlations with SATIS and CEVAL at both time2 and time3 ($r = .60$ to $r = .67$, $p \leq .0001$), indicating that as clients' perceptions of their counselors as trustworthy (Trust3) increased, so did clients' satisfaction with their counseling (SATIS) and counselors (CEVAL). Furthermore, Trust3 was the only significant predictor in all four regressions, suggesting that Counselor Trustworthiness may in fact be a good predictor of clients' satisfaction with their counselors and counseling. The results of the analyses, therefore, provide partial support for hypothesis six.

Hypothesis seven stated that compared to clients who plan a mutual termination with their counselors, clients who drop out of counseling will evidence lower expectations of counseling (Personal Commitment, Facilitative Conditions, Counselor Expertise, Nurturance) and lower levels of perceived trust/trustworthiness (Client Trustworthiness, Client Trust, Counselor Trustworthiness, Counselor Trust) prior to beginning counseling (time1). In addition, dropouts will have less positive evaluations of counseling (Client Satisfaction) and their counselors (Counseling Evaluation) than mutual terminators.

As originally stated, hypothesis seven required only analyzing the comparison between mutual terminators and dropouts at time1 (prior to beginning counseling) for the expectation factors and the trust variables. However, upon

further reflection, it appeared interesting to have a comparison of these two groups at each of the time periods. Mutual terminators and dropouts were also compared on their satisfaction with their counseling (SATIS), and satisfaction with their counselors (CEVAL) at time2 ($m = 1.11$ sessions) and time3 ($m = 4.5$ sessions).

Since it became evident that the clients and counselors did not agree on the clients' termination status, the analyses were run both from the clients' perspectives of themselves as mutual terminators or dropouts, and the counselors' perspectives of the clients' as mutual terminators or dropouts. Table 4-11 presents a comparison of the clients' and counselors perspectives on the clients' termination status. This table lists the total number of clients labeled mutual terminators or dropouts either by counselors or clients. Also listed are the number of times and percentages both counselors and clients agreed on the clients' termination status (i.e., both gave same labels), and the number of times and percentages counselors and clients disagreed (i.e., gave different labels). A break-down of the counselors' and clients' perspectives on the clients' termination status for those clients for whom each gave different labels (i.e., disagreed) is also presented.

In comparing the mutual terminators versus the dropouts on the expectation factors, separate multivariate analyses of variance (MANOVAs) were run with the four expectation factors for the three time periods based both on the clients' and the

Table 4-11

A Comparison of the Differences Between the Counselors' and Clients' Perspectives of the Clients' Termination Status

Group	Perspective		n	%
Mutual Terminators	Counselor vs Client			
	Dropout	Mutual	3	13
	Mutual	Dropout	2	8
	Mutual	Missing	10	42
	Mutual	Other	7	29
	Other	Mutual	1	4
	Missing	Mutual	1	4
	Total		32	100
	Agree		8	25
	Disagree		24	75
Dropouts	Counselor vs Client			
	Dropout	Missing	5	46
	Dropout	Mutual	3	27
	Mutual	Dropout	2	18
	Missing	Dropout	1	9
	Total		16	100
	Agree		5	38
	Disagree		11	62

counselors' perspectives of the clients' termination status, totaling six MANOVAs. Specifically, the first MANOVA

included the four expectation factors (Personal Commitment, Facilitative Conditions, Counselor Expertise, Nurturance) at time1 as the dependent variables. The second MANOVA included the four expectation factors at time2 as the dependent variables. The third MANOVA included the four expectation factors at time3 as the dependent variables. The independent variable for each of these MANOVAs was clients' termination status (mutual, dropout) based on the clients' perspectives of their own termination status.

Results revealed that none of the three MANOVAs were significant. There were no overall effects for termination status for any of the three MANOVAs indicating that there were no significant differences between mutual terminators and dropouts on the expectation factors at any of the three time periods based on the clients' perspectives of their own termination status.

The fourth, fifth, and sixth MANOVAs included the same dependent variables as the first three MANOVAs (i.e. Expectation Factors). However, the independent variable for each of these MANOVAs was clients' termination status (mutual, dropout) based on the counselors' perspectives of their clients' termination status. Results again revealed that none of these three MANOVAs were significant. There were no overall effects for termination status indicating that there were no significant differences between mutual terminators and dropouts on the expectation factors at any of

the three time periods based on the counselors' perspectives of the clients' termination status.

To compare the mutual terminators versus the dropouts on the the trust variables, six separate multivariate analyses of covariance (MANCOVAs) were run with the four trust variables (Client Trustworthiness, Client Trust, Counselor Trustworthiness, Counselor Trust) as the dependent measures, and clients' termination status (mutual vs dropout) as the independent variable. The following variables were covariates: clients' previous counseling experience (PREV), counselors' experience level (CEXP), and the interaction of the latter two variables, (PREV*CEXP). The MANCOVAs were run for each of the three time periods, again based on both the counselors' and the clients' perspectives of the clients' termination status.

Specifically, the first MANCOVA included the four trust variables at time1 (0 sessions) as the dependent variables. The second MANCOVA included the four trust variables at time2 ($m = 1.11$ sessions) as the dependent variables. The third MANCOVA included the four trust variables at time3 ($m = 4.5$ sessions) as the dependent variables. Each of the three MANCOVAs included clients' termination status (mutual, dropout) based on the clients' perspectives of their own termination status as the independent variable, and PREV, CEXP and PREV*CEXP as covariates.

Results also revealed that none of these three MANCOVAs were significant. There were no overall effects for

termination status for any of the three MANCOVAs indicating that there were no significant differences between mutual terminators and dropouts on the four trust variables at any of the three time periods based on the clients' perspectives of their own termination status.

The fourth, fifth, and sixth MANCOVAs included the same dependent variables and covariates as the first three MANCOVAs (i.e. Trust variables, PREV, CEXP, PREV*CEXP). However, the independent variable for each of these MANCOVAs was clients' termination status (mutual, dropout) based on the counselors' perspectives of the clients' termination status.

Results again revealed that none of these three MANCOVAs were significant. There were no overall effects for termination status for any of the three MANCOVAs indicating that there were no significant differences between mutual terminators and dropouts on the trust variables at any of the three time periods based on the counselors' perspectives of the clients' termination status.

To compare the mutual terminators versus the dropouts on the clients' satisfaction with counseling (SATIS), four separate ANOVAs were performed over two time periods. The ANOVAs were run based on both the counselors' and clients' perspectives of the clients' termination status. Specifically, the first ANOVA included SATIS at time2 as the dependent variable. The second ANOVA included SATIS at time3 as the dependent variable. The independent variable for each

of these two ANOVAs was the clients' termination status (mutual, dropout) based on the clients' perspective of their own termination status. Results of both ANOVAs were not significant. There were no overall effects for termination status, indicating that there were no differences between mutual terminators and dropouts on their general satisfaction with counseling (SATIS) based on the clients' perspectives of their termination status at either time2 or time3.

The third and fourth ANOVAs included the same dependent variables as the the first two ANOVAs (i.e., 3rd: SATIS at time2; 4th: SATIS at time3), however, the independent variable for these two ANOVAs was clients' termination status based on the counselors' perspectives of the clients' termination status. Results of the ANOVA with SATIS at time2 as the dependent variable to test the hypothesis of no overall effect for termination status at time2 (see Table 4-12) revealed a significant difference between groups (mutual terminators vs dropouts), $F(1, 16) = 10.67, p \leq .0049$. Moreover means (see Table 4-13) indicated that mutual terminators were more satisfied with counseling in general (SATIS) at time2 than dropouts.

The ANOVA with SATIS at time3 as the dependent variable to test the hypothesis of no overall effect for termination status at time3 also revealed a significant group difference, $F(1, 29) = 20.07, p \leq .0001$. Means (see Table 4-13) again indicated that mutual terminators ($M = 27.0, SD = 4.71$) were

Table 4-12

Analysis of Variance for Client Satisfaction at Time2 Based on the Counselors' Perspectives of the Clients' Termination Status

Source	DF	SS	MS	F	P
Model	1	64.0	64.0	10.67	.0049
Error	16	96.0	6.0		
Total	17	160.0			
Source	DF	Type III SS	MS	F	P
Co. Drop	1	64.0	64.0	10.67	.0049
$R^2 = .40$		CV = 9.07	Root MSE = 2.45		$m = 27.0$

Table 4-13

Simple Statistics Comparing Mutual Terminators and Dropouts on the Client Satisfaction and Counseling Evaluation Measures

Variable	Time2 ^a			Time3 ^b		
	n	m	SD	n	m	SD
Satisfaction Mutual Term.	12	28.33	2.39	20	27.00	4.71
Dropouts	6	24.33	2.58	11	18.45	5.72
Counseling Evaluation Mutual Term.	12	4.70	0.23	20	4.44	0.54
Dropouts	6	4.21	0.47	11	3.50	0.77

^a $m = 1.11$ sessions; ^b $m = 4.5$ sessions

more satisfied with counseling in general (SATIS) at time3 than dropouts ($M = 18.45$, $SD = 5.71$), based on the counselors' perspectives of the clients' termination status. See Table 4-14 for the results of this ANOVA.

Table 4-14

Analysis of Variance for Client Satisfaction at Time3 Based on the Counselors' Perspectives of the Clients' Termination Status

Source	DF	SS	MS	F	P
Model	1	518.24	518.24	20.07	.0001
Error	29	748.73	25.82		
Total	30	1266.97			
Source	DF	Type III SS	MS	F	P
Co. Drop	1	518.24	518.24	20.07	.0001
$R^2 = .409$	CV = 21.2		Root MSE = 5.08		$M = 23.97$

To determine differences between the mutual terminators and the dropouts on their satisfaction with their counselors (Counseling Evaluation; CEVAL) four separate ANCOVAs were performed. The first ANCOVA included CEVAL at time2 as the dependent measure. The second ANCOVA included CEVAL at time3 as the dependent measure. However, the independent variable for these two ANCOVAs was clients' termination status (mutual vs dropout) based on the clients' perspectives of their own

termination status. The covariates for the two ANCOVAs were clients' previous counseling experience (PREV), counselors' experience levels (CEXP) and the interaction of these two variables (PREV*CEXP). Results of these ANCOVAs to test the hypotheses of no overall effect for termination status revealed no significant differences between groups at either time2 or time 3 based on the clients' perspectives of their own termination status (mutual vs. dropout).

The third and fourth ANCOVAs included the same dependent variables as the first two ANCOVAs (i.e., 3rd: CEVAL at time2; 4th: CEVAL at time3), and the same covariates (PREV, CEXP, PREV*CEXP). The independent variable for each of these ANCOVAs was clients' termination status (mutual vs dropout) based on the counselors' perspectives of their clients' termination status. Results of the third ANCOVA to test the hypothesis of no overall effect for termination status based on the counselors' perspectives indicated that there were no significant group differences between mutual terminators and dropouts on their satisfaction with their counselors (CEVAL) at time2.

Results of the fourth ANCOVA to test the hypothesis of no overall effect for termination status based on the counselors' perspectives of their clients' termination status indicated that there was a significant difference between groups at time3, $F(5, 25) = 3.12$, $p \leq .0253$. Moreover, means (see Table 4-13) indicated that compared to dropouts ($M = 3.50$, $SD = 0.77$), mutual terminators were more satisfied with

their counselors ($m = 4.44$, $SD = 0.54$) at time3 based on the counselors' perspectives of their clients' termination status. See Table 4-15 for the results of this ANCOVA.

Table 4-15

Analysis of Covariance for Counseling Evaluation at Time3
Based on the Counselors' Perspectives of the Clients'
Termination Status

Source	DF	SS	MS	F	P
Model	5	6.78	1.355	3.12	.0253
Error	25	10.86	0.434		
Total	30	17.64			
Source	DF	Type III SS	MS	F	P
Co. Drop	1	0.13	0.13	0.30	0.59
Previous	1	0.33	0.33	0.76	0.39
Co. Exp.	1	0.00	0.00	0.00	0.95
Co. Exp*Prev.	1	0.24	0.24	0.56	0.46
Co. Exp*Co. Drop1		0.02	0.02	0.04	0.84
$R^2 = .384$ $CV = 16.06$ $Root\ MSE = 0.66$ $m = 4.10$					

The results of the analyses for hypothesis seven, therefore, provided partial support for hypothesis seven. Specifically, the results indicate that compared to dropouts, mutual terminators were more satisfied with counseling in general (SATIS) both early (time2) and later

(time3) in counseling, and they were more satisfied than the dropouts with their counselors (CEVAL) later in counseling (time3). The significant results obtained, however, were only for those analyses based on the counselors' perspectives of their clients' termination status. No significant results were obtained based on the clients' perspectives of their own termination status.

Hypothesis eight stated that compared to clients' expectations (EAC-B factors) and perceived trust/trustworthiness (Trust variables) prior to beginning counseling (time1), clients' expectations, perceived trust/trustworthiness, and satisfaction with counseling (SATIS) and their counselors (CEVAL) early in counseling (time2, $m = 1.11$ sessions) will be better predictors of clients' satisfaction with their counseling and counselors later in counseling (time3, $m = 4.5$ sessions). The analyses for this hypothesis were four separate multiple regressions. The first regression included SATIS at time3 as the criterion variable and the following as predictor variables: the four EAC-B factors at time1, and the four Trust variables at time1. Results indicated that the model itself was significant ($F(8, 51) = 2.77, p \leq .0126$) suggesting that at least one independent variable was significantly related to clients' satisfaction with counseling (SATIS) at time3 (see Table 4-16). The only two significant predictors in this model were Trust1 (Client Trustworthiness: $p \leq .0074$), and

Table 4-16

Multiple Regression for Client Satisfaction at Time3 Using Predictors from Time1

Source	DF	SS	MS	F	P
Model	8	572.67	71.58	2.77	.0126
Error	51	1315.91	25.80		
Total	59	1888.58			
Variable	DF	Parameter Estimate	Standard Error	T	P
Intercept	1	23.40	8.76	2.67	.0101
EAC-B1-1	1	-1.41	1.31	-1.08	.2868
EAC-B2-1	1	0.46	1.72	0.27	.7893
EAC-B3-1	1	-0.07	0.84	-0.08	.9374
EAC-B4-1	1	-1.42	1.53	-0.93	.3583
Trust1-1	1	2.96	1.06	2.79	.0074
Trust2-1	1	1.63	0.72	2.28	.0269
Trust3-1	1	-1.65	1.71	-0.96	.3410
Trust4-1	1	0.83	1.03	0.80	.4269
$R^2 = .3032$ $CV = 20.25$ $Root\ MSE = 5.08$ $ME = 25.08$					
Adj. $R^2 = .1939$					

Trust2 (Client Trust: $p \leq .0269$). However, the R-square for this model ($R^2 = .3032$) was small, indicating that the

predictor variables were not successful in accounting for much of the variance in SATIS at time3. Therefore it is likely that even the significant predictors are not highly influential in predicting Client Satisfaction (SATIS) later in counseling (time3).

The second regression included SATIS at time3 as the criterion variable and the following as the predictor variables: the four EAC-B factors at time2, the four Trust variables at time2, SATIS at time2, and CEVAL at time2. Results of this regression revealed that although the model itself was significant ($F(10, 28) = 2.16, p \leq .0525$), suggesting that at least one independent variable was significantly related to SATIS at time3, there were no significant predictors of SATIS at time3 in this model. This finding suggests the presence of multicollinearity in which there are strong intercorrelations among the independent variables making it difficult to assess the contributions of individual partial effects. The R-square obtained was moderate ($R^2 = .4361$) indicating that the expectation factors, Trust variables and satisfaction measures early in counseling were moderately useful, predicting approximately forty-four percent (44%) of the total variance in Client Satisfaction with counseling in general (SATIS) later in counseling. Results of this regression are presented in Table 4-17.

Table 4-17

Multiple Regression for Client Satisfaction at Time3 Using Predictors from Time2

Source	DF	SS	MS	F	P
Model	10	398.32	39.83	2.16	.0525
Error	28	515.11	18.40		
Total	38	913.43			
Variable	DF	Parameter Estimate	Standard Error	T	P
Intercept	1	3.34	10.80	0.31	.7596
EAC-B1-2	1	-2.07	2.08	-1.00	.3266
EAC-B2-2	1	-0.92	1.64	-0.56	.5817
EAC-B3-2	1	1.07	0.86	1.24	.2249
EAC-B4-2	1	-0.19	1.37	-0.14	.8928
Trust1-2	1	1.59	1.37	1.16	.2572
Trust2-2	1	0.42	0.78	0.53	.6000
Trust3-2	1	0.38	1.39	0.27	.7856
Trust4-2	1	-0.28	1.05	-0.26	.7939
SATIS-2	1	0.31	0.38	0.82	.4163
CEVAL-2	1	4.36	3.25	1.34	.1899
$R^2 = .4361$ $CV = 16.33$ $Root\ MSE = 4.29$ $MS = 26.26$					
Adj. $R^2 = .2347$					

The third regression included clients' satisfaction with their counselors (CEVAL) at time3 as the criterion variable and the following as predictor variables: the four EAC-B factors at time1, the four Trust variables at time1, clients' previous counseling experience (PREV), counselors' experience levels (CEXP) and the interaction of these two latter variables (PREV*CEXP). Results of this regression indicated that the model was significant ($F(11, 48) = 2.00, p \leq .0498$). The only three predictors that were significant were Trust1 ($p \leq .0287$), PREV ($p \leq .0146$), and CEXP*PREV ($p \leq .0058$). As noted previously (analyses for hypothesis five), parameter estimates revealed that both PREV and CEXP were negatively associated with CEVAL. These negative associations indicate that clients with previous counseling experience were more likely to have higher satisfaction with their counselors (CEVAL). In addition, it appears that clients were more satisfied with counselors who had less experience.

The R-square for this model ($R^2 = .314$) was small, indicating that only a small percentage of the variance in clients' satisfaction with their counselors (CEVAL) was accounted for by the predictor variables. It is therefore questionable whether even the significant predictors in this model are good predictors of CEVAL later in counseling (time3). Table 4-18 presents the results of the regression.

The fourth regression (see Table 4-19) included CEVAL at time3 as the criterion variable and the following as the predictor variables: the four EAC-B factors at time2, the

Table 4-18

Multiple Regression for Counseling Evaluation at Time3 Using Predictors from Time1

Source	DF	SS	MS	F	P
Model	11	7.87	0.72	2.00	.0498
Error	48	17.21	0.36		
Total	59	25.08			
Variable	DF	Parameter Estimate	Standard Error	T	P
Intercept	1	3.13	1.21	2.58	.0129
EAC-B1-1	1	0.17	0.16	1.07	.2889
EAC-B2-1	1	0.05	0.23	0.21	.8317
EAC-B3-1	1	-0.04	0.10	-0.44	.6603
EAC-B4-1	1	-0.15	0.20	-0.72	.4730
Trust1-1	1	0.28	0.12	2.26	.0287
Trust2-1	1	0.11	0.09	1.24	.2193
Trust3-1	1	-0.03	0.21	-0.15	.8793
Trust4-1	1	0.05	0.13	0.36	.7225
PREV	1	-1.83	0.72	-2.53	.0146
CEXP	1	-0.33	0.16	-2.06	.0445
CEXP*PREV	1	0.64	0.22	2.89	.0058
$R^2 = .314$	CV = 13.93		Root MSE = .599		$m = 4.30$

Table 4-19

Multiple Regression for Counseling Evaluation at Time3 Using Predictors from Time2

Source	DF	SS	MS	F	P
Model	13	5.98	0.46	3.96	.0015
Error	25	2.90	0.12		
Total	38	8.88			
Variable	DF	Parameter Estimate	Standard Error	T	P
Intercept	1	1.08	0.96	1.12	.2722
EAC-B1-2	1	0.03	0.19	0.16	.8721
EAC-B2-2	1	0.01	0.13	0.09	.9266
EAC-B3-2	1	0.03	0.07	0.43	.6683
EAC-B4-2	1	-0.02	0.12	-0.17	.8702
Trust1-2	1	0.21	0.11	1.86	.0754
Trust2-2	1	-0.01	0.06	-0.20	.8427
Trust3-2	1	-0.10	0.12	-0.87	.3952
Trust4-2	1	-0.00	0.08	-0.04	.9702
CEVAL-2	1	0.81	0.26	3.07	.0050
SATIS-2	1	-0.01	0.03	-0.34	.7372
PREV	1	-0.80	0.53	-1.52	.1403
CEXP	1	-0.28	0.14	-1.98	.0582
PREV*CEXP	1	0.34	0.17	1.96	.0616
$R^2 = .673$	CV = 7.74	Root MSE = .341		$m = 4.40$	

Trust variables at time2, CEVAL at time2, SATIS at time2, PREV, CEXP, and PREV*CEXP. Results of this regression revealed that the model itself was statistically significant ($F(13, 25) = 3.96, p \leq .0015$), however, the only significant predictor in this model was CEVAL at time2, ($p \leq .005$). The R-square was .673 indicating that the expectation factors, Trust variables and satisfaction measures early in counseling ($m = 1.11$ sessions) were collectively successful in accounting for sixty-seven percent of the variance in client satisfaction with their counselors (CEVAL) later in counseling ($m = 4.5$ sessions).

However, of the thirteen predictor variables, only early satisfaction with the counselors (CEVAL-2) significantly predicted later satisfaction with the counselors (CEVAL-3). The finding suggests either that the other predictor variables were not highly influential in predicting CEVAL at time3, or that because of the number of variables in the model, and possibly high intercorrelations among the predictor variables, the unique contribution of each variable to the model was relatively small and nonsignificant.

Results of the analyses for hypothesis eight indicated that of the four regressions performed to test the hypothesis, only one regression accounted for more than fifty percent of the variance in either of the satisfaction measures. Specifically, the predictors at time2 (EAC-B, Trust, SATIS, CEVAL, PREV, CEXP, PREV*CEXP) accounted for approximately sixty-seven percent of the total variance in

Counseling Evaluation (CEVAL) at time3. In addition, CEVAL at time2 was the only significant predictor in this model, indicating that early satisfaction with the counselors was the best predictor of later satisfaction with the counselors.

It is also possible that there were strong intercorrelations among the independent variables thereby making it difficult to assess the contributions of the independent variables. Hypothesis eight is therefore partially supported for clients' satisfaction with their counselors (CEVAL) at time3, in that compared to the predictor variables at time1 ($R^2 = .314$) the predictor variables at time2 ($R^2 = .673$) were better collectively at predicting CEVAL at time3 (i.e., accounted for more of the variance in CEVAL at time3).

Hypothesis nine was that there will be significant positive associations between clients' levels of perceived similarity (SIM) to their counselors and clients' levels of satisfaction with their counseling (SATIS) and with their counselors (CEVAL). Pearson correlations between clients' perceived similarity to their counselors (SIM) and clients' satisfaction with counseling (SATIS) and with their counselors (CEVAL) at time3 were used to test this hypothesis. Results revealed that in general, clients did not perceive themselves to be highly similar to their counselors ($M = 2.84$, $SD = 1.13$; Scale 1-5: 5 = Very Similar). However, there were significant positive correlations between clients' perceptions of their similarity

to their counselors (SIM) and both clients' satisfaction with counseling (SATIS: $\bar{x} = .69$, $p \leq .0001$), and with their counselors (CEVAL: $\bar{x} = .67$, $p \leq .0001$) at time3

It appears therefore that as clients' perceptions of their similarity to their counselors increased, clients' satisfaction with counseling (SATIS), and with their counselors (CEVAL) also increased. Furthermore, compared to dropouts (see Table 4-20), mutual terminators viewed themselves as more similar to their counselors.

Table 4-20

Perceived Client Similarity Ratings to Counselors for Mutual Terminators and Dropouts

Group	n	Mean	SD
Counselors' Perspective			
Mutual Terminators	20	3.0	1.17
Dropouts	11	1.91	0.83
Clients' Perspective			
Mutual Terminators	13	2.61	1.04
Dropouts	8	1.75	0.89

Similarity Ratings: 1 = Not at all similar to 5 = Very similar.

CHAPTER 5 DISCUSSION

Summary of the Results

This study was designed to examine clients' expectations about their counselors and the counseling process (expectation factors: Personal Commitment, Facilitative Conditions, Counselor Expertise, Nurturance), and clients' reports of their own trustworthiness and trust (Client Trustworthiness, Client Trust), as well as their perceptions of their counselors' trustworthiness and trust (Counselor Trustworthiness, Counselor Trust) prior to beginning counseling. In addition, changes in these variables over time in counseling as well as their impact as factors in clients' satisfaction with counseling in general (Client Satisfaction) and satisfaction with their counselors (Counseling Evaluation) were investigated.

Preliminary analyses involved a series of repeated measures analyses of covariance to determine whether any of the above specified variables of study significantly covary with clients' previous counseling experience (PREV), counselors' experience levels (CEXP) or the interaction of these two variables (PREV*CEXP). Results revealed that two variables (Counselor Trustworthiness, Counseling Evaluation)

significantly covaried with PREV, CEXP, PREV*CEXP and thus, the latter three variables should be included in the analyses for the stated hypotheses involving Counselor Trustworthiness and Counseling Evaluation. Nine hypotheses were tested. A summary of the results is presented below.

The first hypothesis was that clients will exhibit higher positive expectations (Personal Commitment, Facilitative Conditions, Counselor Expertise, Nurturance) of their counselors and counseling after their first session than prior to beginning counseling. Results did not support this hypothesis. Specifically it was found that there were no significant differences between the means for any of the expectation factors from prior to beginning counseling to after the first counseling session.

The second hypothesis stated that clients will also evidence higher levels of perceived trustworthiness and trust (Client Trustworthiness, Client Trust, Counselor Trustworthiness, Counselor Trust) after their first session than prior to beginning counseling. Results of the analyses did not support this hypothesis. Moreover, it was found that there was a significant ($p \leq .0558$) decrease in clients' perceptions of themselves as trustworthy (Client Trustworthiness: Trust1) from prior to beginning counseling to after the clients' first counseling session. There were no significant differences over time in the means for Client Trust (Trust2), Counselor Trustworthiness (Trust3), or Counselor Trust (Trust4).

Hypothesis three was that clients will exhibit higher positive expectations of their counselors and counseling after two or more sessions than prior to beginning counseling or after their first session. In addition, there will be a significant positive association between the number of counseling sessions attended by clients and clients' levels of expectations, such that as the number of sessions increases so will clients' expectations for Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurturance (expectation factors). Results failed to support this hypothesis. Specifically it was found that there were no overall effects due to time for any of the expectation factors, indicating that there were no significant differences in the means for the expectation factors over the three time periods. There was an increase in the means for Nurturance over the three time periods; however, the increase was not significant. In addition, there were no significant correlations between any of the four expectation factors and the number of counseling sessions attended by clients.

Parallel to hypothesis three, hypothesis four was that clients will also evidence higher levels of perceived trustworthiness and trust after two or more sessions than prior to beginning counseling or after their first session. Furthermore, it was hypothesized that there will be a significant positive association between number of counseling sessions attended by clients and clients' reported levels of

their own trustworthiness and trust (Client Trustworthiness, Client Trust) as well as clients' levels of perceived counselor trustworthiness and trust (Counselor Trustworthiness, Counselor Trust). Results revealed that there were no overall effects due to time for any of the trust variables, indicating that there were no significant differences in the means for the trust variables over the three time periods. There was an increase in the means for Counselor Trust (Trust4); however the increase was not significant. In addition, there were no significant correlations between any of the four trust variables and the number of counseling sessions attended by clients, thereby, failing to support the hypothesis.

Hypothesis five was that as clients' expectations for counseling increase, clients' satisfaction with counseling (Client Satisfaction; SATIS) and with their counselors (Counseling Evaluation; CEVAL) will also increase. Results of the analyses for this hypothesis provided only marginal support for the hypothesis. Specifically it was found that only small amounts ($R^2 = .114$ to $.324$) of the variance in SATIS and CEVAL early in counseling (time2: $m = 1.11$ sessions) and later in counseling (time3: $m = 4.5$ sessions) were accounted for by the four expectation factors indicating that the expectation factors were not highly influential predictors of clients' satisfaction with their counseling (SATIS) and with their counselors (CEVAL). However, the Pearson correlations did reveal significant positive

correlations between Personal Commitment (EAC-B1) at time2 and both SATIS and CEVAL at time2, indicating that, early in counseling, as clients' expectations for their Personal Commitment to counseling increased, so did clients' satisfaction with counseling and with their counselors.

The sixth hypothesis was that as clients' perceived levels of their own and their counselors' trustworthiness and trust increase, clients' satisfaction with counseling (SATIS) and with their counselors (CEVAL) will also increase. Results of the analyses provided partial support for the hypothesis. Specifically it was found that only moderate amounts ($R^2 = .368$ to $.460$) of the variance in SATIS and CEVAL early in counseling (time2) and later in counseling (time3) were accounted for by the four Trust variables indicating that collectively the Trust variables were not highly influential predictors of clients' satisfaction with their counseling (SATIS) and with their counselors (CEVAL).

However, the Pearson correlations revealed several moderate but significant positive correlations between the Trust variables and the satisfaction measures (SATIS and CEVAL). All of the Trust variables showed significant positive correlations with SATIS and/or CEVAL at one or both time periods, indicating that both clients' perceptions of themselves and perceptions of their counselors as trustworthy and trusting were important in clients' satisfaction with counseling (SATIS) and/or with their counselors (CEVAL). Moreover, Counselor Trustworthiness (Trust3) in particular

evidenced highly significant positive correlations with SATIS and CEVAL both early and later in counseling, indicating that as clients' perceptions of their counselors as trustworthy (Trust3) increased, so did clients' satisfaction with their counseling (SATIS) and with their counselors (CEVAL). Furthermore, Trust3 was the only significant predictor in all four regressions, suggesting that Counselor Trustworthiness may in fact be a good predictor of clients' satisfaction with their counselors and counseling. The results of the analyses, therefore, provide partial support for hypothesis six.

Hypothesis seven stated that compared to clients who plan a termination with their counselors, clients who drop out of counseling will evidence lower expectations of counseling (Personal Commitment, EAC-B1; Facilitative Conditions, EAC-B2; Counselor Expertise, EAC-B3; Nurturance, EAC-B4) and lower levels of perceived trustworthiness and trust (Client Trustworthiness, Client Trust, Counselor Trustworthiness, Counselor Trust) prior to beginning counseling (time1). In addition, dropouts will evidence less satisfaction with counseling (SATIS) and with their counselors (CEVAL) than mutual terminators.

In addition to the stated hypothesis, mutual terminators and dropouts were compared on their expectations about counseling and their perceptions of trustworthiness and trust early in counseling (time2) and later in counseling (time3). Results of the analyses for hypothesis seven provided partial

support for the hypothesis. Specifically it was found that compared to dropouts, mutual terminators were more satisfied with counseling in general (SATIS) both early (time2) and later in counseling (time3), and they were more satisfied with their counselors (CEVAL) later in counseling (time3). There were no significant differences between mutual terminators and dropouts on their expectations about counseling or their perceptions of their own or their counselors' trustworthiness and trust at any of the three time periods. Furthermore, the significant findings were only for those analyses based on the counselors' perspectives of their clients' termination status. There were no significant findings based on the clients' perspectives of their own termination status.

The eighth hypothesis stated that compared to clients' expectations about counseling (EAC-B) and levels of perceived trust/trustworthiness (Trust variables) prior to beginning counseling (time1), clients' expectations, levels of trust/trustworthiness, and satisfaction with counseling (SATIS) and with their counselors (CEVAL) early in counseling (time2) will be better predictors of client satisfaction with counseling and with their counselors later in counseling (time3). Results of the analyses for hypothesis eight provided partial support for the hypothesis.

It was found that of the four regressions performed to test the hypothesis, only one regression accounted for more than fifty percent of the variance in either of the

satisfaction measures. Specifically, the predictors at time2 (EAC-B, Trust variables, SATIS, CEVAL, PREV, CEXP, PREV*CEXP) accounted for approximately sixty-seven percent of the total variance in clients' satisfaction with their counselors (CEVAL) at time3. In addition, CEVAL at time2 was the only significant predictor in this model, indicating that early satisfaction with the counselors was the best predictor of later satisfaction with the counselors.

However, the presence of multicollinearity (strong intercorrelations among the independent variables) may have affected the results, thereby making it difficult to accurately assess the contributions of the independent variables. Hypothesis eight is therefore partially supported for CEVAL at time3, in that compared to the predictor variables at time1, the predictor variables at time2 were better at predicting CEVAL at time3 (i.e., accounted for more of the variance in CEVAL at time3).

Finally, hypothesis nine was that there will be a significant positive association between clients' levels of perceived similarity to their counselors and their levels of satisfaction with their counseling (Client Satisfaction; SATIS) and their counselors (Counseling Evaluation; CEVAL). Results of the analyses supported this hypothesis. Specifically it was found that there were significant positive correlations between clients' perceived similarity to their counselors and both clients' satisfaction with counseling and with their counselors. Therefore, as clients'

perceived similarity to their counselors increased, so did the clients' satisfaction with counseling and with their counselors. It was further shown that compared to dropouts, mutual terminators viewed themselves as more similar to their counselors. This finding was based both on the counselors' and clients' perspectives of the clients' termination status.

Discussion of the Results

The finding that there were no significant increases in the means for any of the expectation factors over time nor any significant positive correlations between the number of counseling sessions attended by clients, and clients expectations for Personal Commitment, Facilitative Conditions, Counselor Expertise or Nurturance failed to support hypotheses one and three. Only one expectation factor (Nurturance, EAC-B4) showed a consistent increase in the means from prior to beginning counseling, after the first session, and after two or more sessions. However, the differences in the means were not significant. This finding that there were no significant increases in the means of any of the expectations factors over time is somewhat difficult to interpret in that there are no other literature with which a direct comparison of the present results can be made, nor is normative data available for this inventory (EAC-B). The factor scores for the Expectations About Counseling-Brief Form have not been widely used in research implementing repeated measures designs. Typically the subscales of the

inventory (EAC-B) have been used for research purposes, or the inventory was administered at only one point in other studies.

However, in speculating about the reason no significant differences were found in clients' expectations about counseling over time, several possibilities present themselves. In the attempt to maintain the integrity of the study by utilizing only those questionnaires that were returned after the first session, the size of the sample decreased significantly (i.e., from 45 to 24). It is possible that the sample size was not large enough to show a statistically significant difference in the means for the Expectation factors over time.

Secondly, it is also possible that the time frame in which the study was conducted was not adequate in which to notice a difference in the means for the expectation factors. The mean number of sessions attended by the clients was 6.33 ($SD = 3.45$). The particular time frame within which to conduct this study was chosen because both the Counseling Center and Student Mental Health Services, where participants received counseling, provide only short-term therapy. A different setting in which long term therapy is provided would allow time for significant differences in clients' expectations to appear, if in fact clients' expectations about counseling do change over time.

Lastly, an examination of the means for the Expectation factors revealed that the means for Personal Commitment (EAC-

B1) and Facilitative Conditions (EAC-B2) remained high over the course of the study ($\bar{m} = 5.30 - 5.78$ on a 7 point Likert scale), such that there was reduced latitude for the means to increase further. The Nurturance Factor (EAC-B4; $\bar{m} = 4.53 - 4.62$) and particularly the Counselor Expertise Factor (EAC-B3; $\bar{m} = 3.86 - 4.19$) had lower means across time leaving the possibility open for increases in these means over time. The fact that the means for these Factors (EAC-B3 and EAC-B4) remained low to moderate in comparison to the means for the first two factors (EAC-B1 and EAC-B2) is an interesting consideration for future research.

The finding that there were no significant increases in the means for the Trust variables over time failed to support hypotheses two and four. Furthermore, there were no significant positive correlations between number of counseling sessions attended by clients and clients' perceptions of their own trust/trustworthiness (Client Trustworthiness, Client Trust) nor their counselors' trust/trustworthiness (Counselor Trustworthiness, Counselor Trust). Again, these results may have been affected by the small sample size and time frame within which the study was conducted.

There was a decrease in clients' perceptions of themselves as trustworthy (Client Trustworthiness, Trust1) from prior to beginning counseling to after the first counseling session that could be interpreted as significant ($p \leq .0558$), and thus worth noting. However, it is also

interesting to note that the means for Client Trustworthiness (Trust1) remained high over the course of the study ($M = 4.63, 4.38, 4.54$; on a 5 point Likert scale). In addition, the significant decrease in Trust1 appeared only in the analyses for hypothesis two (time1 to time2) and disappeared in the analyses for hypothesis four (time1 to time2 to time3). It is questionable, therefore, whether the decrease in the means from prior to beginning counseling to after the first counseling session is truly an interpretable difference.

Another interesting finding was the impact counselor experience level (CEXP) and clients' previous counseling experience (PREV) had on clients' perceptions of their counselors as trustworthy. Typically covariates (e.g., CEXP and PREV) are said to be "controlled for" in statistical analyses and therefore not mentioned further. However, because counselor experience (CEXP) and clients' previous counseling experience (PREV) consistently appeared as significant in the analyses with Counselor Trustworthiness (Trust3), the results involving these two covariates seem to warrant further discussion and clarification.

Although there were no differences in the means for the trust variables across time, there was a significant group difference between clients with previous counseling experience and clients with no previous counseling experience on their perceptions of their counselors as trustworthy. Specifically it was found that compared to clients with

previous counseling experience, both early (time2) and later (time3) in counseling, clients with no previous counseling experience rated their counselors with more experience as less trustworthy than counselors with less experience. In examining the means for counselor trustworthiness (Trust3) by group (previous versus no previous counseling), it was found that both groups rated their counselors highly on the trustworthy scale over the three time periods (previous counseling: $M = 4.66, 3.91, 4.83$; no previous counseling: $M = 4.75, 4.50, 4.41$, on a 5-point Likert scale). This finding indicates that clients with no previous counseling experience still viewed their counselors as highly trustworthy. It appears therefore, that for clients with no previous counseling experience, the negative relationship between clients' perceptions of their counselors as trustworthy (Trust3) and counselor experience level (CEXP) may not be as meaningful as the analyses first indicated.

Hypothesis five was that as clients' expectation about counseling increase, clients' satisfaction with counseling (Client Satisfaction; SATIS) and with their counselors (Counseling Evaluation; CEVAL) will also increase. The finding that there was a significant positive correlation between Personal Commitment (EAC-B1) and both SATIS and CEVAL early in counseling (time2) provided only marginal support for the hypothesis. This finding is consistent with a study by Heppner and Heesacker (1983) which found that clients' expectations of their openness (a subscale of the Personal

Commitment factor) was significantly correlated with clients' satisfaction with counseling.

The four regressions also conducted to test hypothesis five revealed that the expectation factors (EAC-B) accounted for only small amounts of the variance ($R^2 = .114$ to $.324$) for client satisfaction with counseling (SATIS) and with their counselors (CEVAL) both early (time2) and later in counseling (time3). This finding contributes to and extends research by Heppner and Heesacker (1983) which found that specific precounseling expectations were not good predictors of clients' satisfaction with their counselors (CEVAL) later in counseling. The findings in this study suggest that in addition to precounseling expectations, clients' expectations later in counseling have very little predictive utility for clients' satisfaction with counseling or with their counselors.

Hypothesis six was that as clients' perceived levels of their own (Trust1 and Trust3) and their counselors' (Trust2 and Trust4) trustworthiness and trust increase, clients' satisfaction with counseling (SATIS) and with their counselors (CEVAL) will also increase. Pearson correlations and regressions were conducted to test the hypothesis. The finding that most of the trust variables were moderately correlated with both SATIS and CEVAL indicates a positive relationship between clients' perception of themselves as trustworthy (Trust1) and trusting (Trust2) and clients' satisfaction with counseling (SATIS) early in counseling

(time2). In addition, a positive relationship appeared between clients' perceptions of their counselors as trusting (Trust4) and clients' satisfaction with counseling (SATIS) and with their counselors (CEVAL), but only later in counseling. These findings indicate that clients' perceptions of themselves and perceptions of their counselors as trustworthy and trusting are important in clients' satisfaction with counseling and with their counselors.

However, as indicated by the regressions, these variables probably have very little predictive utility for clients' satisfaction with counseling and with their counselors. Only low to moderate amounts ($R^2 = .368$ to $.460$) of the variance in SATIS and CEVAL both early (time2) and later in counseling (time3) were accounted for by the Trust variables. The only trust variable that consistently showed high positive correlations with both SATIS and CEVAL over both time periods was Counselor Trustworthiness (Trust3). In addition, Counselor Trustworthiness was the only variable that appeared as a highly significant predictor of clients' satisfaction with counseling and with their counselors.

These findings indicate that clients' perceptions of their counselors as trustworthy is a very important component of clients' satisfaction with counseling in general and with their counselors. Obviously, Counselor Trustworthiness does not solely predict clients' satisfaction with counseling and with their counselors, but certainly makes a strong contribution to the research in terms of a variable that

should be considered as an important aspect of clients' satisfaction with counseling.

Hypothesis seven compared mutual terminators and dropouts on their expectations for counseling and perceptions of their own and their counselors trustworthiness and trust over the three time periods. It was found that mutual terminators and dropouts were not differentiated on their expectations about counseling or their perceptions of their own or their counselors trustworthiness or trust, either prior to, early, or later in counseling. The finding that mutual terminators and dropouts were not differentiated on their expectations about counseling over time contributes to and extends research conducted by Heppner and Heesacker (1983) and Hardin et al. (1988) which found that subjects who terminated prematurely from the study did not differ on precounseling EAC (Expectations About Counseling) scores from subjects who remained in the study. Unlike the present study, McNeill et al. (1987) did find that premature terminators viewed their counselors as significantly less trustworthy than did clients who terminated successfully. The use of a different inventory in the present study (i.e., Likert Trust Scale) versus the McNeill et al. (1987) study (i.e., Counselor Rating Form), and/or sample sizes (40 versus 204) may be factors in the nonsignificant findings for the Trust variables in the present study.

However, it was found that based on the counselors' perspectives of their clients' termination status, mutual

terminators as compared to dropouts, were more satisfied with counseling in general both early and later in counseling, and they were more satisfied with their counselors later in counseling. This finding provides partial support for hypothesis seven. The finding that dropouts were less satisfied with counseling than mutual terminators is widely supported in previous research (Cochran and Stamler, 1989; Greenfield, 1983; Kokotovic and Tracey, 1987; McNeill et al., 1987).

No differences were observed between mutual terminators and dropouts based on the clients' perspectives of their own termination status. This interesting finding may be understood in light of an article written by Gelso and Carter (1994) on the Components of the Psychotherapy Relationship. In discussing the "real relationship" (p. 303) the authors suggest that "because of clients' and therapists' unique and very different roles, therapists are able to have more realistic perceptions of the clients than clients have of therapists" (Gelso and Carter, 1994), and in this case possibly of themselves. It may be that the clients were in denial about having dropped out of counseling and therefore did not label themselves as such.

It is also possible that there were more data involved in the analyses that were based on the counselors' perspectives (e.g., 27 mutual; 13 dropouts at time1) as compared to the data obtained from the clients' perspectives (e.g., 12 mutual; 7 dropouts at time1), raising the power of

the statistical analyses. It is difficult obtaining information from individuals who have dropped out of counseling, which affects both the statistical power of analyses, and the access to information about the reasons for dropping out.

From the information that was obtained, clients who labeled themselves as dropouts, gave the following reasons for termination: Satisfactorily met goals for counseling ($n = 1$); Counselor did not have the skills/resources necessary to help me ($n = 5$); Situation improved on its own ($n = 4$); Client and counselor could not agree on approach ($n = 3$); Counselor and client were not compatible ($n = 2$) and Other ($n = 4$). Under other, clients listed the following reasons for dropping out of counseling: Did not feel comfortable with how things were going; time restraints; felt invaded by the unannounced appearance of a second counselor in the sessions.

Counselors gave the following reasons for their clients' premature terminations: Satisfactorily met goals for counseling ($n = 1$); Situation improved on its own ($n = 2$); Client sought counseling elsewhere ($n = 1$); Client and counselor could not agree on approach ($n = 3$); Counselor and client were not compatible ($n = 3$); Other ($n = 5$); and No response ($n = 2$). Under other, counselors listed the following reasons: Client and counselor schedules incompatible; unknown, client made no further contact; client dropped out of group and did not return counselor's calls; client is not ready to address her issues in therapy at this

time and chose to terminate; she felt better, was minimally committed to looking at deeper issues, and had increased time demands on her.

The reasons listed above may not necessarily clarify the discrepancy found between the nonsignificant findings based on the clients' perspective and the significant results based on the counselors' perspectives of the clients' termination status. However, it is clear that clients and counselors can have different experiences in the same counseling relationship, and further can interpret the termination of counseling very differently.

The finding that the expectation factors, Trust variables and satisfaction measures early in counseling ($\eta^2 = 1.11$ sessions; time2) were successful in accounting for sixty-seven percent of the variance in client satisfaction with their counselors (CEVAL) later in counseling ($\eta^2 = 4.5$ sessions; time 3) provides partial support for hypothesis eight. The joint effect of the independent variables (EAC-B, Trust, SATIS, CEVAL,) at time2 accounted for more of the variance in CEVAL at time3 ($R^2 = .673$) than did the independent variables at time1 (EAC-B, Trust; $R^2 = .314$). Counseling Evaluation CEVAL) early in counseling (time2) appeared as the only significant predictor in the model, indicating that early satisfaction with the counselors was a good predictor of later satisfaction with the counselors.

In addition, however, in the case where multicollinearity does exist (the independent variables are

highly correlated with each other) it is difficult to assess the contribution of individual partial effects. Other independent variables in the model may in fact have high predictive utility for clients' satisfaction with their counselors (CEVAL), however because of the presence of other highly intercorrelated variables in the model, the net effect is that the unique contribution of each variable is reduced.

The finding that clients' perception of similarity to their counselors was positively correlated to clients' satisfaction with counseling (SATIS) and with their counselors (CEVAL) later in counseling (time3) provides support for hypothesis nine. Furthermore, it was found that compared to dropouts, mutual terminators viewed themselves as more similar to their counselors. Interestingly, the overall mean similarity rating was not high ($M = 2.84$; on a 5 point scale). This low mean similarity rating was possibly due to the low ratings given by dropouts, who as shown from the results of hypothesis seven were also less satisfied with counseling.

Another possibility is that the low mean similarity rating was the result of a paradox existing between clients' perception of similarity to their counselors and various client personality characteristics. Nooney and Polansky (1962) found that equalitarian subjects (based on the California F-Scale) were more verbally accessible to individuals they perceived as similar to themselves. Whereas, authoritarian subjects were more verbally accessible

to those they saw as dissimilar. Tessler and Polansky (1975) found that compared to clients who reported familiarity with counseling, clients who denied familiarity with counseling were significantly less open to an interviewer they perceived as similar to themselves and were less satisfied with the relationship that had been established with the interviewer. Berry and Sipps (1991) found in their study on counselor-client similarity and self-esteem, that the greater the similarity between counselor and client and the lower the client's self-esteem, the more likely the client was to terminate prematurely. It may be possible that both clients with high and low perception of similarity to their counselors may be highly satisfied with counseling or vice versa based on various client characteristics.

Limitations of the Study

The primary limitation of this study and most studies using actual counseling situations is the availability of a large diverse sample. The majority of the clients in this study were young, undergraduate, Caucasian females. Therefore, the results and implications of this study are limited to this population.

The sample size was affected by various factors. For example, it is very difficult obtaining information from clients who have dropped out of counseling, thus resulting in small sample sizes for analyses to make comparisons between this group and mutual terminators, or clients continuing

counseling. A larger sample size would enhance the stability and viability of the results presented.

In addition, it is noted that only a very small number of clients from Student Mental Health Services (SMHS = 3) participated in the study. A larger sample from this center would have contributed to more diversity in perceptions about counseling in this study, and would have lent itself to comparisons between the clients at SMHS and the clients at the Counseling Center.

A principal consideration in conducting research in real life situations is the implementation of the project. Inherent in research of this nature is the difficulty involved in ensuring that the established procedure is actually and accurately being implemented by the support staff, the counselors and the clients. A major limitation of the present study was the failure of some clients to return their questionnaires at the requested times. The impact being that the sample size was smaller in the analyses using only those questionnaires that were returned at the appropriate times (e.g., $n = 24$ versus 45). The results of these analyses would therefore be more meaningful and possibly result in more significant findings with a larger sample size.

Another limitation of the study directly related to the sites in which the research was conducted was the time frame involved in the study. As noted earlier, both counseling centers provide short-term therapy. It is possible that

longer time frames between the administration of the questionnaires would have resulted in more significant differences observed in clients' expectations about counseling and perceptions of their own and their counselors trust and trustworthiness over time. The particular time frames were selected in order to maximize the potential for clients to complete all phases of the study prior to dropping out or terminating counseling.

Suggestions for Future Research

Future research in this area should involve large diverse samples so that implications from the research can extend beyond the limited sample in this study. Of significant importance are the perceptions and evaluations of minority clients relative to the counseling process. Minority clients have been typically underrepresented in counseling centers and counseling in general. As a result most research in counseling are conducted with biased samples.

Although the Expectations About Counseling (EAC-B) factors did not provide many significant findings in this study, it may be interesting for future research to investigate different ways of using the EAC-B more effectively. Hardin et al. (1988) suggested that expectations about counseling may be a more global concept (positive versus negative set) rather than a number of discrete expectations. Furthermore, the authors suggested

that accepting unequivocally that precounseling expectations do not affect termination status is probably premature, sighting that one confounding factor may result from clients who make subsequent appointments in order to conform to their counselor's desires although they themselves may feel satisfied after one interview. It may be prudent, therefore, for future similar research to include a social desirability scale (i.e., Marlowe-Crown) as part of the study.

In research that includes the EAC-B for its predictive utility., it may also be important to educate clients about the differences between preferences and expectations. Especially for clients with no previous counseling experience, who have very little or no information about the counseling process, these two concepts may be difficult to differentiate.

Furthermore, it was Tinsley et al. (1980) who first raised the possibility that clients' expectations about counseling can be too high (i.e., magical thinking) as well as too low (i.e., skeptical or pessimistic). This finding was then substantiated by Tinsley, Bowman, and Barich (1993) suggesting the "possibility of a curvilinear relation between expectations about counseling and many constructs of interest" (p. 51). The authors underscored the possibility of such a relation as important for future research, rather than assume a linear relation.

Tinsley (1992) has also proposed that "research on expectations about counseling would be enhanced by the

availability of alternative instruments measuring different expectations and especially by the existence of instruments with significantly different approaches to measuring expectations" (p. 64). Likewise, the availability of instruments measuring different aspects of trust and trustworthiness (cultural, interpersonal, characterological) in a concise manner would greatly enhance research efforts in this area. A necessary consideration in the present study, was the use of instruments that were not time consuming, first in order to obtain approval from the two sites to conduct the study in their facilities and second, so that clients would not be deterred from participating in the project.

Continuing research differentiating mutual terminators and dropouts seems warranted. Of specific interest are the differences between counselors' and clients' perspectives about the counseling relationship, and subsequent termination, be it mutual or nonmutual. This type of research would provided needed additional information concerning the second stage of Strong's (1968) social influence model, the influence process. More specifically, it would be impactful in clarifying discrepancies in perceptions between counselors and clients in relation to client needs, counselor presentation, unverbilized client and counselor expectations, etc. A possible avenue for obtaining information of this nature is the Interpersonal Process Recall procedure where both counselors and clients view

videotaped portions of their sessions with a process recaller and discuss, in addition to the actual occurrences in the sessions, their own parallel processes.

Moreover, the relationship between clients' perceptions of similarity to their counselors, and clients' satisfaction with counseling can be an area of exploration for future research. Similarity is a complex concept, which can be interpreted in many different ways. Attempts to clarify attributions made to this concept may aid in the understanding of the variables involved in clients' satisfaction with counseling. In addition, it appears that further research examining how client personality characteristics may affect the impact of clients' perceptions of similarity or dissimilarity to their counselors on the counseling process is warranted.

Finally, in research using regression procedures, Agresti and Finlay (1986) suggest that "ideally, for prediction purposes, one should attempt to model the dependent variable as a function of independent variables that are relatively unrelated to each other but have strong correlations with the dependent variable" (p.332). Unfortunately, this is not always possible, especially if there are certain variables that need to be included in the model for theoretical reasons. Agresti and Finlay, (1986) suggest the use of a procedure such as forward selection for choosing a subset of the independent variables and omitting

those that explain an insignificant portion of the variation in the dependent variable, as a form of exploratory research.

Conclusion

The primary goal of counseling is to help people change. Social influence theory has been influential in offering an explanation of the change process in counseling. Strong (1968) suggests that there are two stages involved in this change process. First the counselor establishes himself/herself as a useful resource. Second, after this perception has been established the counselor has the leverage needed to influence clients therapeutically.

The present study sought to be a contribution to the social influence theory of the counseling process. As previously mentioned, there have been three major criticisms of the research conducted in this area. First, there has been a preponderance of the use of analogue studies to conduct research on the counseling process. Second, most of the research that has been conducted have ignored the second stage of Strong's model involving the influence process in counseling and have focused primarily on counselor characteristics. Lastly, clients have been portrayed as passive recipients of counseling, such that the importance of client variables in counseling has been ignored.

The present study addressed these criticisms first by implementing the research in actual counseling centers with real clients and counselors, thereby generating results that

are more clearly applicable to counseling. Furthermore, the influence stage of Strong's model was explored by using client satisfaction measures, which have been proposed as potential measures of the counselors' therapeutic influence (Heppner & Heesacker, 1983). Thirdly, the present research examined clients' expectations, and perceptions of their own trustworthiness and abilities to trust as client variables in the influence process. Expectations has been a recent client variable in the social influence literature, however its predictive utility for satisfaction with counseling had not been thoroughly investigated. Moreover, trustworthiness has been the least frequently examined aspect of the social influence research, and it had not been examined as a client variable. Clients' perceptions of themselves or their counselors as trusting had also not been examined as viable aspects of the influence process.

The present research findings suggest that clients' expectations about counseling (as measured by the EAC-B) have very little relationship to or predictive utility for clients' satisfaction with their counselors or counseling. Likewise, the trust variables were not highly predictive of clients' satisfaction with counseling. However, clients' perceptions of their counselors as trustworthy may still be an important variable in the influence process, indicated by its highly significant correlations with clients' satisfaction with counseling and with their counselors.

The findings further suggest the importance of continued research on the factors influencing clients' decisions to dropout of counseling. The present study revealed that clients and counselors can have different experiences in the same counseling relationship, and further can interpret the termination of counseling very differently, as evidenced by a discrepancy in clients' and counselors perceptions of the clients' termination status and reasons for termination.

Lastly, clients' perceptions of similarity to their counselors appear to be a very interesting aspect of clients' satisfaction with counseling. The present study found high significant positive correlations between similarity and satisfaction with counseling and the counselors. However, the low overall mean for similarity suggests the possibility of a paradoxical effect with satisfaction, as reported in previous research.

Implications

There are three implications of this study. The first implication is that counselors may be judicious in focusing on establishing themselves as trustworthy early in counseling. This may be especially important with new clients since it appears that they value trustworthiness as an aspect of their counselors, and possibly question it more so than experienced clients.

The second implication of this study is that counseling centers may be able to assess their success at meeting the

needs of their clients, and better retain them by periodically obtaining estimates of their clients' satisfaction with the services provided. Instrumental in this endeavor is the role of the counselors in assessing clients' satisfaction with counseling early in the counseling relationship.

The third implication of this study is that there is an obvious need for counseling centers to continue in their outreach programming efforts. As indicated by the sample in the present study, minority students continue to be underrepresented in counseling center populations. Regardless of age, race, gender, or ethnicity, all students need to be made aware of the presence of, and services offered by their counseling centers. Promoting counseling centers as positive, useful resources to students is of utmost importance in attracting all students to the counseling process.

APPENDIX A
EXPECTATIONS ABOUT COUNSELING (FORM B)

Howard E. A. Tinsley
Department of Psychology
Southern Illinois University
Carbondale, IL 62901

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written permission.

APPENDIX B
LIKERT TRUST SCALE

For the purposes of this study:

Trustworthy is defined as: deserving of trust by others.

"I can be trusted by others."

Trusting is defined as: inclined to trust others. "I trust others."

1) Please rate **yourself** on the following scale.

TRUSTWORTHY				UNTRUSTWORTHY
1	2	3	4	5
TRUSTING				NOT TRUSTING
5	4	3	2	1

2) Please rate your **counselor** on the following scale:

TRUSTWORTHY				UNTRUSTWORTHY
1	2	3	4	5
TRUSTING				NOT TRUSTING
5	4	3	2	1

APPENDIX C
COUNSELING EVALUATION INVENTORY

On the following page are some statements about counseling. Your task is to rate your own counseling experience using these statements. Next to each statement are five numbers. Helping words have been placed above the numbers to tell you what each number means.

For example, one student rated these sample statements in the following way:

	Always	Often	Sometimes	Rarely	Never
A. The counselor had a good sense of humor	5	4	3	2	1
B. The counselor did not listen to what I said.	1	2	3	4	5

The person who judged statement "A" thought that his counselor often had a good sense of humor. He marked statement "B" to indicate that his counselor rarely failed to listen to what he had to say.

You are to rate all of the statements on the following page by circling the number which best expresses how you feel about your own counseling experience.

Here are some suggestions which may be of help to you:

1. This is not a test. The best answer is the one which honestly describes your own counseling experience.

2. Be sure to answer all the items. Circle N/A if the statement is not applicable to you.

3. Do not circle more than one number for any one item.

4. There is no time limit; however, work rapidly. Do not spend too much time on any one item.

Items: Always Often Sometimes Rarely Never

1. I felt the counselor 5 4 3 2 1
accepted me as an
individual.

2. I felt comfortable 5 4 3 2 1
in my interviews with the
counselor.

3. The counselor acted as 5 4 3 2 1
though he/she thought
my concerns and problems
were important to him/her.

4. The counselor acted 1 2 3 4 5
uncertain of himself/herself.

5. The counselor helped 5 4 3 2 1
me to see how taking tests
would be helpful to me. (N/A).

6. The counselor acted 1 2 3 4 5
cold and distant.

7. I felt at ease 5 4 3 2 1
with the counselor.

	Always	Often	Sometimes	Rarely	Never
8. The counselor seemed restless while talking to me.	1	2	3	4	5
9. In our talks, the counselor acted as if he/she were better than I.	1	2	3	4	5
10. The counselor's comments helped me to see more clearly what I need to do to gain my objectives in life.	5	4	3	2	1
11. I believe the counselor had a genuine desire to be of service to me.	5	4	3	2	1
12. The counselor was awkward in starting our interviews.	1	2	3	4	5
13. I felt satisfied as a result of my talks with the counselor.	5	4	3	2	1
14. The counselor was very patient.	5	4	3	2	1
15. Other students could be helped by talking with counselors.	5	4	3	2	1

	Always	Often	Sometimes	Rarely	Never
16. In opening our conversations, the counselor was relaxed and at ease.	5	4	3	2	1
17. I distrusted the counselor.	1	2	3	4	5
18. The counselor's discussion of test results was helpful to me. (N/A).	5	4	3	2	1
19. The counselor insisted on being always right.	1	2	3	4	5
20. The counselor gave the impression of "feeling at ease."	5	4	3	2	1
21. The counselor acted as if he/she had a job to do and didn't care how he/she accomplished it.	1	2	3	4	5

APPENDIX D
CLIENT SATISFACTION QUESTIONNAIRE

Please help us improve our Center by answering some questions about the services you have received at the University of Florida Counseling Center. We are interested in your honest opinions, whether they are positive or negative. Please answer all of the questions. We also welcome your comments and suggestions. Thank you very much, we appreciate your help.

CIRCLE YOUR ANSWER:

1. How would you rate the quality of counseling you have received thus far?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Excellent	Good	Fair	Poor

2. Have you gotten the kind of counseling you wanted?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No, definitely not	No, not really	Yes, generally	Yes, definitely

3. To what extent has our Center met your needs thus far?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

4. If a friend were in need of similar help, would you recommend our Center to him/her?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

5. How satisfied are you with the amount of help you have received thus far?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Quite dissatisfied	Indifferent or mildly dissatisfied	Mostly satisfied	Very satisfied

6. Has the counseling you received helped you to deal more effectively with your problems?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Yes, they helped a great deal	Yes, they helped somewhat	No, they really didn't help	No, they seemed to make things worse

7. In an overall, general sense, how satisfied are you with the service you have received thus far?

<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Very satisfied	Mostly satisfied	Indifferent or mildly dissatisfied	Quite dissatisfied

8. If you were to seek help again, would you come back to our Center?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
No, definitely not	No, I don't think so	Yes, I think so	Yes, definitely

WRITE COMMENTS BELOW:

APPENDIX E
COUNSELOR SUMMARY SHEET

DATE _____

NAME _____

(First)

(MI)

(Last)

NUMBER OF SESSIONS (excluding intake)

Individual _____

Group _____

Couples _____

STATUS

____ Continuing Therapy

____ Mutual Termination

____ Dropped Out

____ Other (specify) _____

DATE OF TERMINATION (if applicable) _____

REASON(S) FOR TERMINATION (check all items that apply)

____ Client satisfactorily met his/her goals for counseling.

____ Counselor did not have strengths necessary to help the client.

____ Client's life situation improved on its own.

____ Client sought counseling elsewhere.

____ Counselor and client could not agree on how to approach the client's problems.

____ Counselor and client did not get along.

____ Other (please specify) _____

APPENDIX F
CLIENT SUMMARY SHEET

DATE _____ NUMBER _____

NUMBER OF SESSIONS

STATUS

(excluding intake)

_____ Continuing Therapy

Individual _____

_____ Mutual Termination

Couples _____

_____ Dropped Out

Group _____

_____ Other (specify)

DATE OF TERMINATION (if applicable) _____

REASON(S) FOR TERMINATION (check all items that apply)

_____ I satisfactorily met my goals for counseling.

_____ I did not think my counselor had the strengths necessary
to help me.

_____ My life situation improved on its own.

_____ I sought counseling elsewhere.

_____ My counselor and I could not agree on how to approach my
problems.

_____ My counselor and I did not get along.

_____ Other (please specify) _____

PLEASE INDICATE THE DEGREE TO WHICH YOU FELT/FEEL SIMILAR TO
YOUR COUNSELOR BY CIRCLING A NUMBER ON THE FOLLOWING SCALE:

Not at all

Very

Similar

Similar

1

2

3

4

5

APPENDIX G
COVER LETTER (FIRST ADMINISTRATION)

Hello

Thank you for taking the time to read this.

The Counseling Center is involved in a research study. The informed consent attached gives a detailed explanation of what is involved in this study. Please take a few minutes to read the informed consent. After reading it, if you would like to participate, please sign both of the informed consents and keep one for yourself. Complete the questionnaire and return it to the receptionist in the envelope provided. Time has been allotted before your appointment to complete the questionnaire. If you decide not to participate, simply return the blank questionnaire and informed consents to the receptionist.

Thank you again.

APPENDIX H
INFORMED CONSENT FORM

The purpose of this study is to investigate the quality of counseling individuals receive at the University of Florida Counseling Center. In order to accomplish this, you will be asked to complete five questionnaires related to your expectations about counseling and your satisfaction with counseling. The results of this study will help the staff understand how they can better serve the needs of those individuals using their services.

You will be asked to complete two questionnaires prior to beginning counseling which will take approximately 8 minutes total (EAC-B, LTS). After your first counseling session you will be asked to complete two different questionnaires in addition to retaking the first two you completed (EAC-B, LTS, CEI, CSQ). Completing these four questionnaires will take you approximately 12 minutes. Finally, after completing counseling or after your sixth session (whichever is first) you will be asked to retake the four questionnaires which will take approximately 12 minutes to complete (EAC-B, LTS, CEI, CSQ), and an additional questionnaire (CISS) which will take approximately one to three minutes to complete. If at any time you lose your questionnaires or forget to return them to the Counseling

Center contact Celia Caesar directly at the Center at 392-1575.

It is of utmost importance that all of the questionnaires be completed at the respective times in order to obtain a comparison between your expectations prior to beginning counseling and your feelings after experiencing counseling. In order to protect your confidentiality, your name will not appear on any of the questionnaires and you will be asked to always return your questionnaires in sealed envelopes. The information you provide will be identified by a code number only. This consent form is the only form on which your name will appear and it will be separated from your questionnaires. Furthermore, your counselor will not see your completed questionnaires and will not in any way know your responses to the questionnaires.

There are no anticipated risks to you as a result of your participation in this study. However you will be revealing, in writing, information about your feelings toward your counselor and counseling. This information will only be made available to your counselor if you choose to discuss your feelings with him or her. Your questionnaires will be scored by someone not associated in any way with the Counseling Center and who will not be able to identify your questionnaires. Possible benefits of your participation in this study include gaining increased insight into your feelings about counseling, and helping to improve counseling services at the Counseling Center. Your participation is

voluntary and you may choose not to participate in this study. However, individuals who complete the study will have their names entered into a lottery from which ten names will be chosen. These individuals will receive a money order for ten dollars each. Your counseling will not be affected in any way by whether or not you choose to participate in this study. You may withdraw your consent to participate and discontinue participation in the study at any time without prejudice. It may be necessary to mail you information if you cannot be reached at the Center.

Any questions about this study and your participation will be answered by Celia Caesar, who is the principal investigator of the study. Celia Caesar is a doctoral candidate in the Counseling Psychology Program at the University of Florida and a counselor at the University of Florida Counseling Center. She can be reached by calling the Counseling Center (392-1575) during regular operating hours.

I have read and understand the information described above. I agree to participate in this study and I have received a copy of this consent form. I give permission to use my mailing address.

Participant _____ Date _____

PLEASE PRINT YOUR NAME HERE _____

Principal Investigator _____ Date _____

Celia Caesar

APPENDIX I
MEMORANDUM TO/FROM COUNSELORS

Counseling Center
301 Peabody Hall
392-1575

MEMORANDUM:

DATE: _____

TO: Celia Caesar

FROM: _____

SUBJECT: _____

This is to notify you that I will be picking up this client
for counseling. Our first appointment is scheduled for

_____.

*Please return this memo to Celia's mailbox as soon as you
schedule your first appointment.

*Please put address on back!

APPENDIX J
COVER LETTER (SECOND ADMINISTRATION)

Date:

Dear:

Thank you for participating in my project. I appreciate the time and thought you have put into completing the questionnaires.

Now that you have had your second counseling session, please complete the enclosed questionnaires. Completion of these questionnaires should take approximately 12 minutes. It is important that you complete these questionnaires before your third counseling session. Please enclose them in the envelope provided and return them to the receptionist at Student Mental Health when you return for your third counseling session.

Thank you once again for your cooperation. If you have any questions please do not hesitate to contact me at 392-1575. If you misplace your questionnaires, please contact the receptionist at Student Mental Health (392-1171) and ask for another one.

Sincerely,

Celia Caesar, M.S.
Psychology Intern

APPENDIX K
REMINDER LETTER

Date:

Dear:

A few weeks ago you were sent questionnaires regarding your expectations about counseling and your satisfaction with counseling. These questionnaires are part of the study that counseling Center is involved in, and which you agreed to participate in.

I am still extremely interested in having you complete these questionnaires. If you have completed and returned your questionnaires, thank you for your cooperation. If you have not returned your questionnaires, please do so as soon as possible. If you have lost your questionnaires, call me at the Center before your next appointment.

If you have nay questions, concerns, or comments about the study, please do not hesitate to contact me at the Center (392-1575). Thank you for your participation.

Sincerely,

Celia Caesar, M.S.
Psychology Intern

APPENDIX L
COVER LETTER (THIRD ADMINISTRATION)

Date:

Dear:

Thank you for your participation in my project. Your time and effort are greatly appreciated.

This is the last set of questionnaires that you will need to complete for this project. Completion of these questionnaires should take approximately 13 to 15 minutes. Please complete and return these questionnaires in the enclosed envelope to the receptionist at the Center no later than _____.

If you would like a copy of the results of this study sent to you, complete the bottom portion of this letter and return it with your questionnaires. Thank you once again for your cooperation. If you have any questions, please do not hesitate to contact me at 392-1575.

Sincerely,

Celia Caesar, M.S.
Psychology Intern

I would like to receive a summary of the results of your project.

Name: _____

Address: _____

REFERENCES

- Agresti, A. & Finlay, B. (1986). Statistical methods for the social sciences. USA: Dellen Publishing Company.
- Anderson, C M., Harrow, M., Schwartz, A. H., & Kupfer, D. J. (1972). Impact of therapist on patients satisfaction in group psychotherapy. Comprehensive Psychiatry, 13, 33-40.
- Apfelbaum, D. (1958). Dimensions of transference in psychotherapy. Berkeley: University of California Press.
- Archer, J. (1984). Waiting list dropouts in a university counseling center. Professional Psychology: Research and Practice, 15, 388-395.
- Atkinson, D. R., & Wampold, B. E. (1982). A comparison of the counselor rating form and the counselor effectiveness rating scale. Counselor Education and Supervision, 22, 25-35.
- Auerbach, A. H., & Johnson, M. (1977). Research on the therapist's level of experience. In A. S. Gurman & A. M. Razin (Eds.), Effective psychotherapy: A handbook of research. New York: Pergamon Press.
- Balch, P., Ireland, J. F., McWilliams, S. A., & Lewis, S. B. (1977). Client evaluation of community mental health services: Relation to demographic and treatment variables. American Journal of Community Psychology, 5, 243-247.
- Barak, A., & LaCrosse, M. B. (1975). Multidimensional perception of counselor behavior. Journal of Counseling Psychology, 22, 471-476.
- Barrett-Lennard, G. T. (1962). Dimensions of therapist response as causal factors in therapeutic change. Psychological Monographs, 96, 34-36.

- Bent, R. J., Putnam, D. G., Kiesler, D. J., & Nowicki, S. (1976). Correlates of successful and unsuccessful psychotherapy. Journal of Consulting and Clinical Psychology, 44, 149.
- Berry, G. W. & Sipps, G. J. (1991). Interactive effects of counselor-client similarity and client self-esteem on termination type and number of sessions. Journal of Counseling Psychology, 38, 120-125.
- Bordin, E. (1955). The implications of client expectations for the counseling process. Journal of Counseling Psychology, 2, 17-21.
- Brown, P., & Manela, R. (1977). Client satisfaction with marital and divorce counseling. Family Coordinator, 26, 294-303.
- Christensen, K., Birk, J., & Sedlacek, W. (1977). A follow up of clients placed on a counseling center waiting list. Journal of College Student Personnel, 18, 308-311.
- Cochran, S. V., Stamler, V. L. (1989). Differences between mutual and client-initiated nonmutual terminations in a university counseling center. Journal of College Student Development, 30, 58-61.
- Corazzini, J. G. (1977). Trust as a complex multi-dimensional construct. Psychological Reports, 40, 75-80.
- Corrigan, J. D., Dell, D. M., Lewis, K. N., & Schmidt, L. D. (1980). Counseling as a social influence process: A review. Journal of Counseling Psychology, 27, 395-441.
- Corrigan, J. D., & Schmidt, L. D. (1983). Development and validation of revisions in the counselor rating form. Journal of Counseling Psychology, 30, 64-75.
- Craig, S. S., & Hennessy, J. J. (1989). Personality differences and expectations about counseling. Journal of Counseling Psychology, 36, 401-407.
- Denner, B., & Halprin, F. (1974). Clients and therapists evaluate clinical services. American Journal of Community Psychology, 2, 373-386. (a)
- Denner, B., & Halprin, F. (1974). Measuring consumer satisfaction in a community outpost. American Journal of Community Psychology, 2, 13-22. (b)

- Derita, D. J. (1976). An evaluation of a telephone counseling service and its effectiveness within the mental health community. (Doctoral dissertation, University of Illinois at Urbana-Champaign, 1976). Dissertation Abstracts International, 37, 2499-B, (University Microfilms No. 76-24,067).
- Derogatis, L. R., Lipman, R. S., & Covi, L. (1973). SCL-90: An outpatient psychiatric rating scale-preliminary report. Psychopharmacology Bulletin, 2, 13-28.
- Duckro, P, Beal, D, & George C. (1979). Research on the effects of disconfirmed client role expectations in psychotherapy: A critical review. Psychological Bulletin, 86, 260-275.
- Edwards, D. W., Yarvis, R. M., Mueller, D. P., T Langsley, D. G. (1978). Does patient satisfaction correlate with success? Hospital and Community Psychiatry, 29, 188-190.
- Endicott, J., Spitzer, R. L., Fleiss, J. L., & Cohen, J. (1976). The global assessment scale: A procedure for measuring the overall severity of psychiatric disturbance. Archives of General Psychiatry, 33, 766-777.
- Epperson, D., Bushway, D., & Warman, R. (1983). Client self terminations after one counseling session: Effects of problem recognition, counselor gender, and counselor experience. Journal of Counseling Psychology, 30, 307-315.
- Fellows, A. R. (1985). The relationship of client expectations to psychotherapy (Doctoral dissertation, The University of Texas at Austin, 1985). Dissertation Abstracts International, 46, 4010B.
- Fong, M. L., & Cox, B. G. (1983). Trust as an underlying dynamic in the counseling process: How clients test trust. The Personnel and Guidance Journal, 62, 163-166.
- Frank, J. D. (1968). The influence of patients' and therapists' expectation on the outcome of psychotherapy. British Journal of Medical Psychology, 41, 349-356.
- Frank, R., Salzman, K., & Fergus, E. (1977). Correlates of consumer satisfaction with outpatient therapy assessed by postcard. Community Mental Health Journal, 13, 37-45.

- Freeman, H. R. (1989). Influence of client and counselor characteristics on satisfaction with counseling services. Journal of Mental Health Counseling, 11, 375-383.
- Fretz, B. R. (1966). Postural movements in a counseling dyad. Journal of Counseling Psychology, 13, 335-343.
- Gelso, C. J., & Carter, J. A. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. The Counseling Psychologist, 13, 155-243.
- Goldstein, A. P. (1962). Therapist-patient expectancies in psychotherapy. New York: MacMillan.
- Goldstein, A. P., Heller, K., & Sechrest, L. B. (1966). Psychotherapy and the psychology of behavior change. New York: Wiley.
- Gomes-Schwartz, B. (1978). Effective ingredients in psychotherapy: Prediction of outcome from process variables. Journal of Consulting and Clinical Psychology, 46, 1023-1035.
- Grace, G. D., & Schill, T. (1986). Social support and coping style differences in subjects high and low in interpersonal trust. Psychological Reports, 59, 584-586.
- Greenfield, T. K. (1983). The role of client satisfaction in evaluating university counseling services. Evaluation and Program Planning, 6, 315-327.
- Greenson, R. R. (1967). The technique and practice of psychoanalysis (Vol 1). New York: International Universities Press.
- Gunzberger, D., Henggeler, S., & Watson, S. (1985). Factors related to premature termination of counseling relationships. Journal of College Student Personnel, 26, 456-460.
- Hardin, S. I., Subich, L. M., & Holvey J. M. (1988). Expectancies for counseling in relation to premature termination. Journal of Counseling Psychology, 35, 37-40.
- Hardin, S. I., & Yanico, B. J. (1983). Counselor gender, type of problem, and expectations about counseling. Journal of Counseling Psychology, 30, 294-297.

- Hayes, T. J., & Tinsley, H. E. A. (1989). Identification of the latent dimensions of instruments that measure perceptions of and expectations about counseling. Journal of Counseling Psychology, 36, 492-500.
- Hector, M. A., & Fray, J. S. (1987). The counseling Process, client expectations, and cultural influence: A review. International Journal for the Advancement of Counseling, 10, 237-247.
- Heppner, P. P., & Claiborn, C. D. (1989). Social influence research in counseling: A review and critique. Journal of Counseling Psychology, 36, 365-387.
- Heppner, P. P., & Dixon, D. N. (1981). A review of the interpersonal influence process in counseling. Personnel and Guidance Journal, 59, 542-550.
- Heppner, P. P., & Heesacker, M. (1983). Perceived counselor characteristics, client expectations and client satisfaction with counseling. Journal of Counseling Psychology, 30, 31-39.
- Heubush, N. J., & Horan, J. J. (1977). Some effects of counselor profanity in counseling. Journal of Counseling Psychology, 24, 456-458.
- Johnson, D. W., & Noonan, M. P. (1972). Effects of acceptance and reciprocation of self-disclosures on the development of trust. Journal of Counseling Psychology, 19, 411-416.
- Kaplan, R. M. (1973). Components of trust: Note on the use of Rotter's scale. Psychological Reports, 33, 13-14.
- Karzmark, P., Greenfield, T., & Cross, H. (1983). The relationship between level of adjustment and expectations for therapy. Journal of Clinical Psychology, 39, 930-932.
- Kline, F., Adrian, A., & Spevak, M. (1974). Patients evaluate therapists. Archives of General Psychiatry, 31, 113-116.
- Kokotovic, A. M., & Tracey, T. J. (1987). Premature termination at a university counseling center. Journal of Counseling Psychology, 34, 80-82.
- Lagace, R. R., & Gassenheimer, J. B. (1989). A measure of global trust and suspicion: Replication. Psychological Reports, 65, 473-474.

- Larsen, D. L. (1978). Enhancing client utilization of community mental health outpatient services. (Doctoral dissertation, University of Kansas, 1977). Dissertation Abstracts International, 39, 4041B. (University Microfilms No. 79-04, 220).
- Larsen, D. L., Attkisson, C. C., Hargreaves, W. A., & Nguyen, T. (1979). Assessment of client/patient satisfaction: Development of a general scale. Evaluation and Program Planning, 2, 197-207.
- Levy, L. H. (1963). Psychological interpretation. New York: Holt, Rinehart & Winston.
- Linden, J. D., Stone, S. C., & Shertzer, B. (1965). Development and evaluation of an inventory for rating counseling. Personnel and Guidance Journal, 44, 267-276.
- MacDonald, A. P., Kessel, V. S., & Fuller, J. B. (1972). Self-disclosure and two kinds of trust. Psychological Reports 30, 143-148.
- McClanahan, L. D. (1974). A comparison of professed counselor techniques and attitudes with client evaluations of the counseling relationship. (Doctoral dissertation, Ohio University, 1973). Dissertation Abstracts International, 34, 5637A. (University Microfilms No. 74-7649).
- McNally, H. A. (1973). An investigation of selected counselor and client characteristics as possible predictors of counseling effectiveness. (Doctoral dissertation, University of Maine, 1972). Dissertation Abstracts International, 33, 6672-6673A. (University Microfilms No. 73-13,075).
- McNeill, B. W., May, R. J., & Lee, V. E. (1987). Perceptions of counselor source characteristics by premature and successful terminators. Journal of Counseling Psychology, 34, 86-89.
- Mennicke, S. A., Lent, R. W., & Burgoyne, K. L. (1988). Premature termination from university counseling centers: A review. Journal of Counseling and Development, 66, 458-465.
- Moberg, D. P. (1977). Consumer evaluation of an alcoholism treatment program. In F.A. Seixas (Ed.). Currents in Alcoholism (Vol. 2). New York: Grune and Stratton.

- Neimeyer, G. J., & Gonzales, M. (1983). Durations, satisfaction, and perceived effectiveness of cross-cultural counseling. Journal of Counseling Psychology, 30, 91-95.
- Nooney, J. B. & Polansky, N. A. (1962). The influence of perceived similarity and personality on verbal accessibility. Merrill-Palmer Quarterly, 8, 33-40.
- Patterson, C. H. (1958). Client expectations and social conditioning. Personnel and Guidance Journal, 37, 136-138.
- Pekarik, G. (1983). Follow up adjustment of outpatient dropouts. American Journal of Orthopsychiatry, 53, 501-511.
- Phillips, E. L., & Fagan, P. J. (1982). Attrition: Focus on the intake and first therapy interviews. Paper presented at the meeting of the American Psychological Association, Washington, DC.
- Ponterotto, J. G., Anderson, W. H., Jr., & Grieger, I. Z. (1986). Black students' attitudes toward counseling as a function of racial identity. Journal of Multicultural Counseling and Development, 14, 50-59.
- Proctor, E. K., & Rosen, A. (1981). Expectations and preferences for counselor race and their relation to intermediate treatment outcomes. Journal of Counseling Psychology, 28, 40-46.
- Richmond, J. (1984). Comparison of clients' and nonclients' expectations of counseling. Psychology Reports, 54, 752-754.
- Rogers, C. R. (1951). Client-centered therapy. Boston: Houghton Mifflin.
- Rosenthal, R., & Frank, J. D. (1956). Psychotherapy and the placebo effect. Psychological Bulletin, 53, 294-302.
- Rothmeier, R. C. & Dixon, D. N. (1980). Trustworthiness and influence: A reexamination in an extended counseling analogue. Journal of Counseling Psychology, 27, 315-319.
- Rotter, J. B. (1967). A new scale for the measurement of interpersonal trust. Journal of Personality, 35, 651-665.

- Rotter, J. B. (1971). Generalized expectancies for interpersonal trust. American Psychologist, 26, 443-451.
- Schneider, L. J. (1985). Feminist values in announcements of professional services. Journal of Counseling Psychology, 32, 637-640.
- Simons, L. S., Wade, T. C., Morton, T. L., & McSharry, D. M. (1978). Treatment outcome and follow-up evaluation based on client case records in a mental health center. Journal of Consulting and Clinical Psychology, 46, 246-251.
- Soelling, M. E., & Newell, T. G. (1984). Effects of anonymity and experimenter demand on client satisfaction with mental health services. Evaluation and Program Planning, 6, 329-333.
- Strong, S. R. (1968). Counseling: An interpersonal influence process. Journal of Counseling Psychology, 15, 215-224.
- Strong, S. R., & Schmidt, L. D. (1970). Trustworthiness and influence in counseling. Journal of Counseling Psychology, 17, 197-204.
- Subich, L. M. (1983). Expectancies for counselors as a function of counselor gender specification and subject sex. Journal of Counseling Psychology, 30, 421-424.
- Tanner, B. A. (1981). Factors influencing client satisfaction with mental health services. Evaluation and Program Planning, 4, 279-286.
- Terrell, F., & Barrett R. K. (1979). Interpersonal trust among college students as a function of race, sex, and socioeconomic class. Perceptual and Motor Skills, 48, 1194.
- Terrell, F., & Terrell, S. (1981). An inventory to measure cultural mistrust among Blacks. The Western Journal of Black Studies, 5, 180-185.
- Terrell, F., & Terrell, S. (1984). Race of counselor, client sex, cultural mistrust level, and premature termination from counseling among Black clients. Journal of Counseling Psychology, 31, 371-375.
- Tessler, R. C., & Polansky, N. A. (1975). Perceived similarity: A paradox in interviewing. Social Work, 20, 359-363.

- Thompson, C. E., Neville, H., Weathers, P. L., Poston, W. C., & Atkinson, D. R. (1990). Cultural mistrust and racism reaction among African-American students. Journal of College Student Development, 31, 162-168.
- Tinsley, D. J., Hinson, J. A., Holt, M. S., & Tinsley, H. E. A. (1990). Level of psychosocial development, perceived level of psychological difficulty, counseling readiness, and expectations about counseling: Examination of group differences. Journal of Counseling Psychology, 37, 143-148.
- Tinsley, H. E. A. (1982). Expectations About Counseling. Unpublished Test Manual.
- Tinsley, H. E. A., & Benton, B. L. (1978). Expectations and preferences in counseling. Journal of College Student Personnel, 19, 537-543.
- Tinsley, H. E. A., Bowman, S. L., & Ray, S. B. (1988). Manipulation of expectancies about counseling and psychotherapy: Review and analysis of expectancy manipulation strategies and results. Journal of Counseling Psychology, 35, 99-108.
- Tinsley, H. E. A., & Harris, D. J. (1976). Client expectations for counseling. Journal of Counseling Psychology, 23, 173-177.
- Tinsley, H. E. A., Workman, K. R., & Kass, R. A. (1980). Factor analysis of the domain of client expectancies about counseling. Journal of Counseling Psychology, 27, 561-570.
- Torrey, E. F. (1972). What Western psychotherapists can learn from witchdoctors. American Journal of Orthopsychiatry, 42, 69-76.
- Watkins, C. E., Jr., & Terrell, F. (1988). Mistrust level and its effects on counseling expectations in Black client-White counselor relationships: An analogue study. Journal of Counseling Psychology, 35, 194-197.
- Watkins, C. E., Jr., Terrell, F., Miller, F. S., & Terrell, S. (1989). Cultural mistrust and its effects on expectational variables in Black client-White counselor relationships. Journal of Counseling Psychology, 36, 447-450.


- Williams, B. M. (1974). Trust and self-disclosure among black college students. Journal of Counseling Psychology, 21, 522-525.
- Wright, W. (1975). Relationships of trust and racial perceptions toward therapist-client conditions during counseling. Journal of Negro Education, 44, 161-169.
- Yuen, R. K., & Tinsley, H. E. A. (1981). International and American students' expectancies about counseling. Journal of Counseling Psychology, 28, 66-69.
- Zamostny, K., Corrigan, J., & Eggert, M. (1981). Replication and extension of social influence process in counseling: A field study. Journal of Counseling Psychology, 28, 481-489.
- Zarski, J. J., Sweeney, T. J., & Barcikowski, R. S. (1977). Counseling effectiveness as a function of counselor social interest. Journal of Counseling Psychology, 24, 1-5.

BIOGRAPHICAL SKETCH

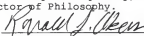
Celia Rochelle Andersen was born on April 4, 1964, on the island of St.Croix, in the United States Virgin Islands. She is the daughter of Carmen Lydia Belardo and Marcus Criminatus Andersen. She attended primary school at St. Mary's School, and high school at St. Joseph High School. She received her Bachelor of Arts degree, cum laude, from the University of Tampa, Florida, in April, 1985. She received her Master of Science degree in psychology from the University of Florida in December, 1991.

Major milestones in her life include marrying her best friend of six years on May 7, 1988, Johnny Richardo Caesar. Five years later she gave birth to a beautiful son, Andres Malcolm, on April 27, 1993. A daughter was born to her on February 16, 1995, Camille Breana.

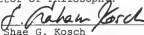
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Carolyn M. Tucker, Chair
Professor of Psychology

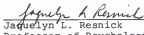
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Ronald L. Akers
Professor of Sociology

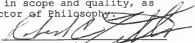
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Professor of Psychology

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Jacquelyn L. Resnick
Professor of Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.


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Professor of Psychology

This dissertation was submitted to the Graduate Faculty of the Department of Psychology in the College of Liberal Arts and Sciences and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

August, 1996

Dean, Graduate School

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